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TITLE: Novel Recruitment Techniques for a Study of Culture-Specific Diet, Metabolic Variability and Breast Cancer Risk in African-American Women

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13. ABSTRACT (Maximum 200 Words) There are few studies examining breast cancer risk in African Americans and fewer still in the rural south. African-American women are more frequently diagnosed with aggressive breast cancer than Caucasian women. Socioeconomic factors do not completely explain the ethnic differences in breast cancer mortality. The purpose of this pilot study was to develop a novel method of recruitment, focused primarily on minority women, and investigate previously unexplored risk factors for breast cancer. To date, interviews have been completed for 680 women, aged 29-75, 390 with breast cancer and 290 community controls. The participation rate for cases is 73% for Caucasian women, and 64% for African-American women. These rates are much improved over those using the standard methodology employed in an earlier study (37% and 30% for cases and controls, respectively). A food frequency questionnaire supplemented with foods commonly eaten by women in the rural south was developed and administered to the consenting breast cancer cases and controls. Entry of the questionnaire data into the computer database is complete and data cleaning and the transformation of the variables is underway. We phenotyped the breast cancer cases and controls for sulfotransferase and observed no association between sulfotransferase activity and odds of breast cancer. We genotyped the breast cancer cases and controls for 5 sulfotransferase polymorphisms and observed no association between any of the polymorphisms and odds of breast cancer. Work to complete the phenotyping and genotyping for NAT and CYP1A2 is underway. In conclusion, we have successfully developed infrastructure for the conduct of population based studies in this under served population in Arkansas. Work is underway to explore the reasons for the disparity breast cancer outcomes in African-American women compared to Caucasians.				
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Introduction and Background. Among African-American women younger than age 50, breast cancer incidence is almost twice that of Caucasian women. African-American women are more often diagnosed with aggressive tumors and have higher mortality rates than Caucasians. Differences in tumor biology and mortality do not appear to be due to factors related to socioeconomic status. Little is known regarding explanations for these racial disparities, perhaps because of the difficulty in enrolling African-Americans into research studies. The purpose of this pilot study was to develop a novel method of recruitment, focused primarily on minority women, and investigate previously unexplored risk factors in breast cancer epidemiology. Through rapid case ascertainment by tumor registries in Arkansas, we intended to enroll approximately 260 cases over two years, frequency-matched to controls randomly selected from Health Care Finance Administration (HCFA) and Arkansas Driver Services (ADS) lists. Cases and controls are matched to racially similar breast cancer survivor-recruiters. Potential participants are sent introductory postcards with the recruiters' photographs on them. Several days later, the recruiters call the potential participants to describe the study and seek their participation. Culturally appropriate interviewers administer questionnaires, draw blood and collect urine specimens from the participants. Once processed, data from these sources will be used to explore study hypotheses related to gene/environment interactions. We intend to evaluate the role that diet particular to African-Americans in the rural South may play in breast cancer etiology, and to assess the possible modification of risk by genetic differences in steroid hormone and carcinogen metabolism. A specimen bank was established to enable exploration of future hypotheses.

Breast Cancer Epidemiolgy. African-American women are more frequently diagnosed with advanced, aggressive tumors (1) and those under age 50 are at almost twice the breast cancer risk of Caucasian women (2). Breast cancer mortality rates are higher in Arkansas African-American women than in the US overall. A study of ~7000 Caucasian, African-American and Hispanic women (3) found that within each stage, African-American women had more aggressive tumors, characterized by a higher proportion of ER-negative/PgR-negative, a higher proportion with high mitotic index, and significantly worse outcome than Caucasian or Hispanic women. There is compelling recent evidence demonstrating that genes such as CYP3A4, involved in steroid metabolism, have polymorphisms that are associated with early onset of puberty in

African Americans and may in turn contribute to more aggressive breast tumors at an earlier age among African Americans. A large proportion of breast cancer risk factors are hormonal (4), suggesting that prolonged exposure to circulating estrogens influences breast cancer risk. This may be through mitotic stimulation of mammary epithelial cells, or perhaps through mutagenesis by hormone metabolites. Endogenous hormones seem to vary among ethnic groups, as evidenced by racial differences in markers of endogenous hormones such as insulin levels, glucose tolerance, insulin resistance (5-14), and bone mass (15-17). Higher serum estrone concentrations and lower androstenedione have been noted in African-American women compared to Caucasians (18), even after controlling for obesity. Consumption of dietary fat has been suggested as one explanation for higher levels of estrogens in African-American women (19). In a diet intervention study (19), reduction of fat and increase in fiber reduced levels of estradiol and estrone in African-American women, but serum hormone levels remained significantly higher than in Caucasian women on the same controlled diet. This striking difference of higher serum levels of estrone (by 37%), estradiol (by 55%), and free estradiol (by 30%) for African-Americans could be explained by differences in factors such as BMI and waist-to-hip ratio or perhaps to *genetic differences in steroidogenesis and hormone metabolism*. The goals of this pilot study are to explore exposures common in the south and their association with breast cancer risk. And to characterize polymorphisms of hormone metabolizing genes as markers of cancer odds.

Recruitment of African-Americans to population studies. Recruitment of African-Americans into research studies is historically difficult (20). This is true also of African Americans in the rural south. Our group has developed methods and has the infrastructure in place to recruit African Americans to epidemiological studies. Recruiters are matched to potential participants by ethnicity and area of residence. Through focus groups, we have developed training procedures that have been standardized in a manual. Methodology to successfully achieve African-American participation in research studies is of high priority, and we have developed strategies to increase participation with the help of breast cancer survivors who serve as lay advocates, health educators, and recruiters for our epidemiological studies. These methods are currently in use for the recruitment of African-American prostate cancer patients and controls and were developed in the pilot breast cancer case-control study

funded by the DOD.

The Technical Objectives and Progress.

The proposed work was a pilot case-control study of breast cancer in African-American women. We realized, however, that without a comparable Caucasian group from the same locales as the African-American women, interpretation of the data would be difficult. It would be impossible to determine if specific risk factors are more prevalent in African-American women and are, thus, related to the increased early age at onset and more aggressive disease, or if they are merely regional habits that are shared by women of both groups. Therefore, additional funding was sought from the Public Health Service Office of Women's Health (DHHS PHS OWH)/National Center for Toxicological Research to support an identical study in Caucasian women, so that results could be compared. Although that study is conducted under a separate protocol, results will be discussed herein.

Research accomplishments associated with each Task outlined in the Statement of Work will be addressed within the context of each of the accomplishments.

Technical Objective 1 Develop and pilot a novel approach for enrolling minority women into research studies.

Task 1: Months 1-2: Organizational start up tasks--finalize questionnaire, continue training sessions and role-playing with Witness Project™ recruiters and interviewers.

These tasks were accomplished in year 1. The questionnaire was finalized, interviewers are trained and experienced, and the recruiters are successful. Meetings are held regularly with recruiters to maintain enthusiasm and commitment, and to troubleshoot areas of difficulty. Presentations of recruitment strategies were made at two meetings (as well as the DOD meeting) in 2000: Keystone Conference in Taos entitled "*Molecular Epidemiology: A New Tool in Cancer Prevention*", and at the Annual Meeting of the American Association for Cancer Research.

Task 2: Months 3-24. Identify incident breast cancer cases by rapid ascertainment; Identify controls from Department of Motor Vehicles and State Identity lists; recruitment of 230 cases and 230 controls by staff from Witness Project.TM Periodically assess effectiveness of individual recruiters by evaluation of response rates among women contacted by each individual.

Recruitment of both cases and controls is ongoing. As reported last year, the study has not moved as quickly as anticipated, primarily because of the inability to identify sufficient numbers of African-American women with breast cancer who are eligible for the study. As reported in the previous annual reports, we expanded our case-ascertainment efforts to several other sites to increase numbers of African-American women who were eligible for our study. Although we had obtained IRB permission before making any of these changes to the protocol, we overlooked getting prior permission from the Department of Defense. We stopped case ascertainment and recruitment at the request of the USAMRMC until the changes were approved by the DOD Human Subjects Protection Committee.

Another significant change is that the PI of the study, Dr. Christine Ambrosone, accepted a position at the Cancer Epidemiology Program at the Derald H. Rittenberg Cancer Center, Mount Sinai School of Medicine, New York, New York, where she began in November, 2000. The funded study remains at NCTR and UAMS, and Dr. Fred F. Kadlubar, Chair, Division of Molecular Epidemiology, NCTR, became the PI of the study. We submitted all of these changes to the USAMRMC HSRRB and UAMS IRB, which also stopped case ascertainment and recruitment until all the changes were approved by all the IRBs. These problems have delayed achievement of some study goals.

Table 1 shows numbers of women enrolled into the study to date, and response rates for both African-American and Caucasian women. To date, interviews have been completed for 680 women, aged 29-75, 390 with breast cancer and 290 community controls. The participation rate (the proportion of women who complete the study) for cases is 73% for Caucasian women, and 64% for African-American women. These rates are much improved over those using the standard methodology employed in an earlier study in this difficult-to-reach community, in which, for Caucasians and African-Americans (men and women) combined, participation rates were 37% and 30% for

cases and controls, respectively.

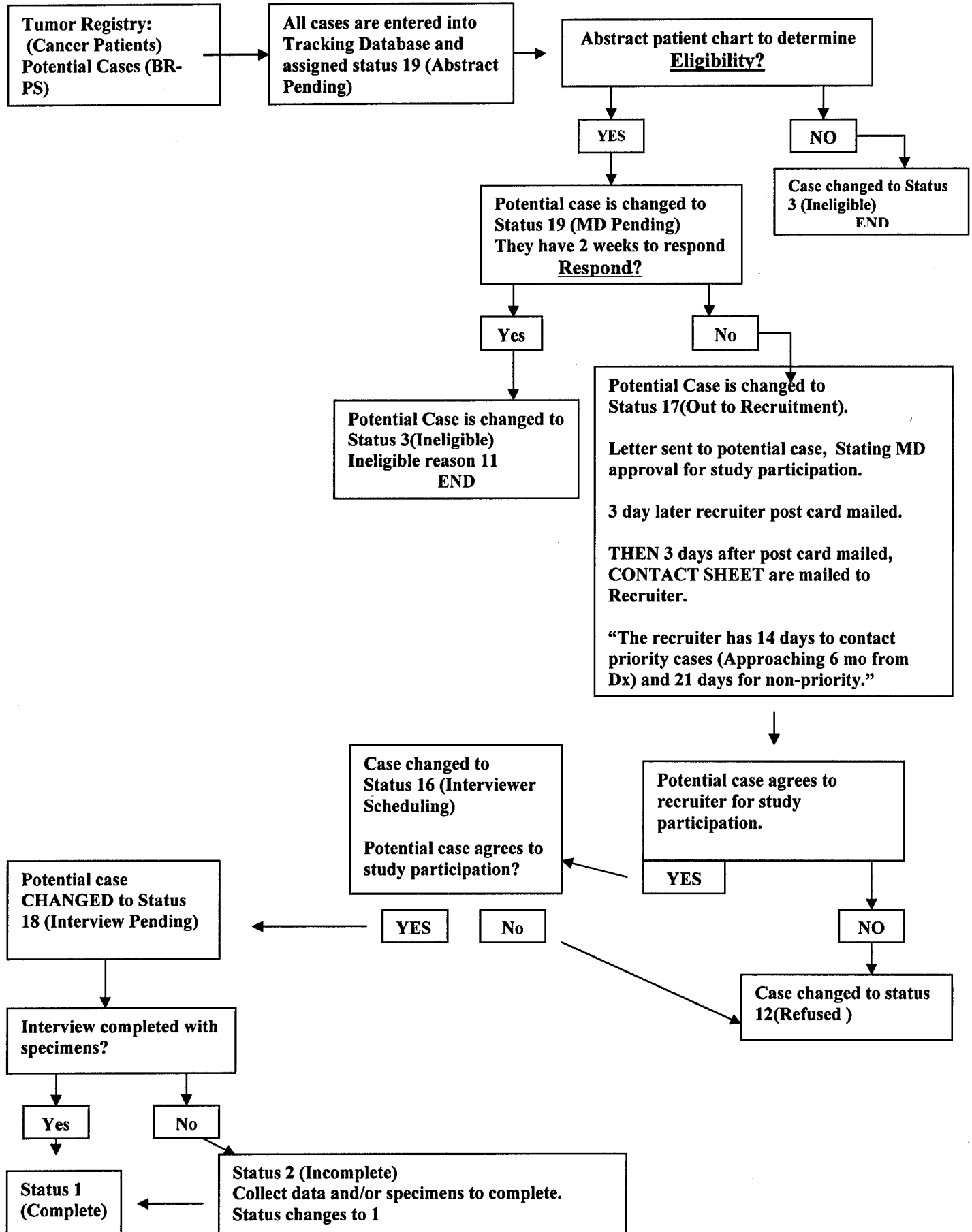
Table 1. Participation in Case-Control Study

African-American Women			
	Total contacted	Number Enrolled	Participation Rate
Cases	136	87	64%
Controls	284	126	44%
Caucasian Women			
	Total contacted	Number Enrolled	Participation Rate
Cases	414	303	73%
Controls	431	164	38%

Task 3: Months 24-30 Calculate overall response rates for cases and controls, using Witness™ recruiters. Compare to those in UAMS earlier pilot study of breast cancer, among African-Americans in colon cancer study at UAMS, and in published epidemiologic studies in African-American populations.

As indicated in Table 1, participation rates for African-American cases and controls are 64% and 44% respectively. In the earlier study of **colon cancer** at UAMS in this difficult-to-reach community, where potential participants were contacted by an interviewer in a standard method, participation rates were approximately 37% and 30% for cases and controls, for Caucasians and African-Americans (men and women) combined. Response rates for cancer cases is much improved with our new methods (please see figures below for flow charts of recruitment for breast cancer cases and controls). However, recruitment rates of African-American cases continues to be lower than that for Caucasian cases. Use of cancer survivors to recruit controls has only modestly increased the recruitment rates (30% vs 38%).

FLOW CHART FOR POTENTIAL CASES



FLOW CHART FOR POTENTIAL CONTROLS

Match cases to controls in Axiom (Each control is marked for each case)
Marked names are considered "Used"

Letter, brochure and postcard are sent to potential controls (signed by Luke) 2 weeks allowed for return of postcard.

Did Postcard Return?

Yes

NO

Status = (Refused by postcard)

Status = (Passive agreement) "Axiom list marked"
Passive Agreements are entered into the "Tracking DB" as
Status 6 (Awaiting recruiter assignment)

A portion of the Status 6's are assigned to a recruiter by workload and gender.
Status 6 changed in Tracking DB to Status 17 (Out to recruiter.)

Recruiter Post card mailed to potential control

3 days later (RCS) Recruiter Contact mailed Recruiter has 21 days to contact potential control

Did Potential control agree to Participate?

Yes

No

Agree: Change to Status 16 (Interviewer Scheduling)
Interviewer attempts to contact / schedule appt with participant.

Refused: Change to Status 12
(Document reason)

Did participant agree?

Yes

No

Change to Status 18
(Interview Pending)

Refuse: Status 12 (EVD) Note as Late
Refusal (Document reason)

Technical Objective 2 With a Food Frequency Questionnaire (FFQ) supplemented with foods commonly eaten by African-American women in the rural south, investigate the role of dietary sources of fat and heterocyclic amines in BC risk.

Task 1: Months 1-3 Adapt FFQ to include foods found to be commonly eaten by African-American women in Eastern Arkansas previously surveyed.

As reported in prior annual Reports, to determine if additional foods should be added to the Gladys Block Health Habits and History Questionnaire (HHHQ) to improve its suitability for African-American women in the lower Mississippi Delta, we conducted a survey of foods and cooking methods that may be particular to these residents. In collaboration with the Department of Dietetics and Nutrition at UAMS, a list of 60 foods commonly eaten by this population, such as wild game, parts of animals not traditionally eaten, and foods cooked with fat, was compiled through in-depth interviews and focus groups. We developed a Food Frequency Questionnaire with those foods elicited and then surveyed approximately 400 African-American women, aged 40 to 70, who live in eastern Arkansas. The survey indicated that few of the foods queried were eaten frequently by a large proportion of the population, but that several food items not on the Block questionnaire were eaten 1 to 4 times or more per month by > 50% of women surveyed. These foods included okra, southern peas (crowder, purple hull, split), butter and northern beans. Furthermore, more than 50% of women added fat when they cooked beans or greens, such as collards, mustard greens or kale. These additional items were added to the questionnaire already validated in Atlanta for a southern African-American population.

Task 2: Months 3-26 Interviews with cases and controls; ongoing monitoring of interviewers.

Completed questionnaire booklets (please see appendix) were reviewed weekly by the study coordinator, for accuracy and coherence. Interviewer performance was also evaluated continually. One phenomenon that we have observed using this methodology is the case in which a potential participant will agree when speaking with the recruiter, but then refuse when contacted by the interviewer. Late refusals may occur at the time the interview is scheduled, or after the interview is scheduled, often after several requests from the participant to reschedule. Interestingly, the pattern of

late refusals varies by interviewer, and steps were taken to train all interviewers in how to approach the potential participants who have already agreed to participate.

Task 3: Months 24-30 Double data entry, with ongoing quality control.

All data collected has been double-entered and we are currently working on data checks and data cleaning.

Task 4: Months 30-36 Perform statistical data analysis; initial descriptive analyses, study of main effects of data derived from questionnaire.

Data entry is almost complete. The median age of the breast cancer cases is 54 years and median age for controls is 52 years ($P < 0.3$). Twenty three percent of the controls were smokers and 30% of the cases were smokers ($P < 0.1$). The median tumor size among the cases was 2cm. We are currently conducting analyses of outliers and the transformation of variables. The final endpoint analyses will be conducted shortly and manuscripts prepared for publication.

Technical Objective 3 Evaluate genetic variability in metabolism of HAs by examining phenotypic variability in CYP1A2 and sulfotransferase activity, as well as genetic polymorphisms in NAT1 NAT2, ST1A3 and CYP1A2.

Task 1: Months 3-26 Perform phenotyping assays for CYP1A2, NAT2, and phenol sulfotransferase.

The phenol sulfotransferase assays are complete, but the assays for CYP1A2, NAT2 still ongoing. As reported earlier, we used data for sulfotransferase, along with that from participants in a study of colorectal cancer, to evaluate correlations between data from the phenotyping and genotyping. The paper was published in Pharmacogenetics.

Task 2: Months 26-30 Perform DNA analysis for genetic polymorphisms in CYP1A2, NAT1, NAT2, ST1A3

We established a biologic specimen bank in the context of this study, and protocols for processing and storage of blood were developed. Blood samples are processed so that there are aliquots of serum, plasma, platelets, red blood cells, and buffy coat. Using a

processing system currently used in the 350,000-person EPIC study in Europe, each blood component is mechanically aliquotted into several 0.5ml straws that are prestamped with an ID number and barcode. Straws are heat-sealed and stored in canisters in liquid nitrogen tanks, with a detailed computerized mapping scheme in place. Our laboratory routinely performs high throughput genotyping and has extensive experience in assaying all of the genes proposed for study. Due to the difficulties encountered during case ascertainment the most of the genotyping analyses are still pending. Genotyping for five-promoter region and 1 coding region sulfotransferase polymorphisms was completed. There appears to be no statistically significant associations between the sulfotransferase polymorphisms and breast cancer risk. However, there was a significant correlation between the 3 promoter region sulfotransferase polymorphisms and sulfotransferase activity. A manuscript describing these findings is currently being prepared.

Task 3: Months 31-36 Merge data from laboratory results with questionnaire database. Perform statistical analysis for main effects of polymorphisms evaluated by phenotyping and genotyping. Evaluate interactive effects of laboratory data and questionnaire data.

All the laboratory data has been merged with the pertinent **anonymized** epidemiological data and the analyses of interactions between genotype/phenotype data and odds of breast cancer are underway. This work will be completed in the next few months and manuscripts generated.

Key Research Accomplishments

- Establishment of infrastructure for molecular epidemiological study (questionnaire development, protocols and equipment for blood processing and specimen banking, recruiter and interviewer hiring and training, development of data bases for participant tracking and questionnaire data, etc.), data entry.
- Enrollment of cases and controls into study – response rates superior to those in earlier case-control study in the same locales.

- Adaptation of FFQ to the African-American population in Arkansas.

Reportable Outcomes

Publications:

Nowell S, Ambrosone CB, MacLeod SL, Mrackova G, Williams S, Plaxco J, Ozawa S, Kadlubar FF, Lang NP. Relationship of phenol sulfotransferase (SULT1A1) genotype to sulfotransferase activity in platelet cytosol *Pharmacogenetics* 2000;10:789-797.

Moss RA, Erwin DO, Morris-Chatta R, Long S, Ambrosone CB. Challenges, limitations and strategies for increasing participation in epidemiologic studies: a novel approach to recruiting African-Americans. *Annals of Epidemiology* (submitted). A similar paper was submitted in 1999 to two journals, but was rejected due to 'low priority'. The paper has been substantially rewritten, with more complete data available now, and was submitted to *Annals of Epidemiology*.

Biologic specimen bank established with DNA, serum, plasma and red blood cells from cases and controls.

Grant funded based upon recruitment methodology and pilot data:

"Genetic factors in breast cancer: Center for interdisciplinary biobehavioral research" (Center Grant 07/01/2001–06/30/2005, Bovbjerg, PI)

"Behavior, estrogen metabolism and breast cancer risk: a molecular epidemiologic study", Ambrosone (PI)

Conclusions

In this pilot study, case ascertainment has been accomplished through collaborations with physicians at the Arkansas Cancer Research Center (ACRC) in Little Rock and the Jefferson Regional Medical Center (JPMC) in Pine Bluff, Arkansas. Interviews have been conducted and data double-entered into a database. Blood and urine samples for

genotyping and phenotyping have also been obtained. We have established a biologic specimen bank, with a detailed protocol for blood processing and storage. Many of the assays to be performed have been refined in our laboratories at the ACRC and National Center for Toxicological Research (NCTR).

Full-scale epidemiological studies require large budgets, which include personnel, supplies, equipment, etc. Furthermore, building of an infrastructure is essential, yet laborious and time-intensive. There were few epidemiological studies being conducted in Arkansas when this study was initiated, and funding received from the Department of Defense and the OWH/NCTR has been used to develop the infrastructure and get it the study into the field. We now have cooperation from several Arkansas physicians and expect to continue our work on breast cancer for years to come. Our methodology has been established and tested, staff training manuals have been developed and successfully piloted, and a specimen bank has been established and is in use. Data from this pilot study was used to support a successful grant application to conduct a similar study among African-American women in New York City.

Personnel Supported by Award.

1. Ms. Stephanie Long – Study Coordinator
2. Ms. Terri Ross – Interviewer
3. Ms. Lindsey Trimble – Interviewer
4. Mr. Christopher Wren – Data Manager

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Health Habits Questionnaire



**The University of Arkansas for Medical Sciences
Arkansas Cancer Research Center
And
National Center for Toxicological Research**

Phase	Initials	Date
Interview		
Edit		
Coded		
Consent Form		
MSHx		
HH & D Quest.		
Data Entry 1		
Data Entry 2		

Time interview began _____:_____ am/pm

Interviewer ID _____

Date of interview / /
M M D D Y Y

DEMOGRAPHICS SECTION

RFDT _____

*Interviewer, please enter the date of diagnosis
in the following format: MMDDYY, e.g. April 4,
1950 = '040450'; Control diagnosis date = '010190'*

 / /
M M D D Y Y

Since many people have never been in an interview exactly like this, let me start by reading you a paragraph that tells a bit about how it works. I am going to read you a set of questions exactly as they are worded, so that every person in the study is answering the same questions. You'll be asked to answer two kinds of questions. In some cases, you'll be asked to answer in your own words. For those questions, I will have to write down your answer word for word. In other cases, you will be given a list of answers and asked to choose the one that best fits. I may ask you questions that you have already answered in our conversation. Please try to be patient, as I must ask each question to each respondent, even if you have already told me the answer in another context. If at any time during the interview you are not clear about what is wanted, be sure to ask me. Also, it is very important that your answers be accurate and complete. Please take as much time as you need.

I'd like to begin by asking you some questions about your background. What is your date of birth ?

 / /
M M D D Y Y

Interviewer, please enter the date of birth again

AO1b

for accuracy check.

 / /
M M D D Y Y

What is the highest grade or year of school or college that you have completed?

AOO2

- 1 ☐ Eighth grade or less
2 ☐ Trade school or business school instead of high school
3 ☐ Some high school
4 ☐ High school graduate or G.E.D.
5 ☐ Trade school or business school after graduating from high school
6 ☐ Some college including 2 year degrees
7 ☐ Received bachelor's degree
8 ☐ Graduate or professional education beyond the bachelor degree
9 ☐ Graduate or professional degree
98 ☐ N/A
99 ☐ DK/R

Please look at this card and tell me which choice best describes your race?

AOO3

Interviewer: show respondent card A)

- 1 ☐ African-American
2 ☐ White, not of Hispanic origin
3 ☐ Hispanic
4 ☐ Asian or Pacific Islander
5 ☐ Native American or Alaskan Native
6 ☐ Other

[specific] _____

99 ☐ DK /R

Are you currently married, living as married, widowed, divorced, separated, or never married?

AOO4

- 1 ☐ Married
2 ☐ Living as married
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Never married
99 ☐ DK/R

END OF DEMOGRAPHICS SECTION

SMOKING HISTORY

Now, I would like to ask you some questions about cigarette smoking.

1. Have you ever smoked at least one

SH1

cigarette per day for one year?
(CHECK ANSWER)

1 ☐ Yes

2 ☐ No → (go to Occupational History section)

99 ☐ DK/ R

2. In what year did you first start
smoking cigarettes?

SH2

(write year)

3. How many cigarettes per day
did you smoke?

cigarettes

98 ☐ NA

99 ☐ DK/R

SH3

4. What kind of cigarettes did you smoke?

1 ☐ Filtered

98 ☐ NA

2 ☐ Non-filtered

99 ☐ DK/R

3 ☐ Both

SH4

5. How did you inhale?

1 ☐ Not at all

98 ☐ NA

2 ☐ Mouth or throat

99 ☐ DK/R

3 ☐ Chest

SH5

6. Did you ever stop smoking cigarettes

SH6

for six consecutive months or longer?

section)

1 ☐ Yes

2 ☐ No → (go to Occupational History

98 ☐ NA

99 ☐ DK /R _____

7. If yes, what year did you stop?

SH7

(write year)

8. Did you start smoking again?

SH8

section)

1 ☐ Yes

2 ☐ No → (Go to Occupational History

98 ☐ NA

99 ☐ DK/ R

9. What year did you start smoking next?

SH9

(write year)

10. How many cigarettes per day
did you smoke?

SH10

cigarettes _____

98 ☐ NA

99 ☐ DK/R

11. What kind of cigarettes did you smoke?

1 ☐ Filtered

98 ☐ NA

SH11

2 ☐ Non-filtered

99 ☐ DK/R

3 ☐ Both

12. How did you inhale?

SH12

1 ☐ Not at all

98 ☐ NA

2 ☐ Mouth or throat

99 ☐ DK/R

3 ☐ Chest

13. Did you ever stop smoking cigarette

SH13

_____ for six consecutive months or longer?

section)

1 ☐ Yes

2 ☐ No → (go to Occupational History

98 ☐ NA

99 ☐ DK / R

14. If yes, what year did you stop?

SH14

(write year)

15. Did you start smoking again?

SH15

section)

1 ☐ Yes

2 ☐ No → (Go to Occupational History

98 ☐ NA

99 ☐ DK / R

16. What year did you start smoking next?

SH16

(write year)

17. How many cigarettes per day
did you smoke?

cigarettes _____

98 ☐ NA

99 ☐ DK/R

SH17

18. What kind of cigarettes did you smoke?

1 ☐ Filtered

98 ☐ NA

2 ☐ Non-filtered

99 ☐ DK/R

3 ☐ Both

SH18

19. How did you inhale?

1 ☐ Not at all

98 ☐ NA

2 ☐ Mouth or throat

99 ☐ DK/R

SH19

3 ☐ Chest

20. Did you ever stop smoking cigarette

SH20

for six consecutive months or longer?

section)



1 ☐ Yes

2 ☐ No → (go to Occupational History

98 ☐ NA

99 ☐ DK /R



21. If yes, what year did you stop?

SH21

(write year)

22. Did you start smoking again?

SH22

section)



1 ☐ Yes

2 ☐ No → (Go to Occupational History

98 ☐ NA

99 ☐ DK /R



23. What year did you start smoking next?

SH23

(write year)

24. How many cigarettes per day
did you smoke?

cigarettes

98 ☐ NA

99 ☐ DK/R

SH24

25. What kind of cigarettes did you smoke?

- 1 ☐ Filtered
2 ☐ Non-filtered
3 ☐ Both

- 98 ☐ NA
99 ☐ DK/R

SH25 _____

26. How did you inhale?

- 1 ☐ Not at all
2 ☐ Mouth or throat
3 ☐ Chest

- 98 ☐ NA
99 ☐ DK/R

SH26 _____

27. Did you ever stop smoking cigarettes for six consecutive months or longer?

SH27 _____

- 1 ☐ Yes
2 ☐ No → (go to Occupational History section)
98 ☐ NA
99 ☐ DK /R

28. What year did you stop smoking ?

SH28 _____

(write year)

29. Did you start smoking again?

SH29 _____

section)

- 1 ☐ Yes
2 ☐ No → (Go to Occupational History section)
98 ☐ NA
99 ☐ DK/ R

30. What year did you start smoking next?

SH30 _____

(write year)

31. How many cigarettes per day did you smoke?

cigarettes _____

- 98 ☐ NA

SH31 _____

99 ☐ DK/R

32. What kind of cigarettes did you smoke?

- 1 ☐ Filtered
2 ☐ Non-Filtered
3 ☐ Both
98 ☐ NA
99 ☐ DK /R

SH32

33. How did you inhale?

SH33

- 1 ☐ Not at all
2 ☐ Mouth or throat
3 ☐ Chest
98 ☐ NA
99 ☐ DK/R

34. Did you ever stop smoking cigarettes
for six consecutive months or longer?

SH34

- 1 ☐ Yes
2 ☐ No → (go to Occupational History section)
98 ☐ NA
99 ☐ DK /R

35. What year did you stop smoking ?

SH35

(write year)

36. Did you start smoking again?


SH36

- 1 ☐ Yes

section)

2 ☐ No (go to Occupational History

98 ☐ NA

99 ☐ DK /R 

37. What year did you start smoking next?

(write year)

SH37

38. How many cigarettes per day
did you smoke?

cigarettes

98 ☐ NA

99 ☐ DK/R

SH38

39. What kind of cigarettes did you smoke?

1 ☐ Filtered

2 ☐ Non-Filtered

3 ☐ Both

98 ☐ DK

99 ☐ R

SH39

40. How did you inhale?

1 ☐ Not at all

2 ☐ Mouth or throat

3 ☐ Chest

98 ☐ NA


99 ☐ DK/R

SH40

41. Did you ever stop smoking cigarettes
for six consecutive months or longer?

SH41

1 ☐ Yes

2 ☐ No  (go to Occupational History section)

98 ☐ NA

99 ☐ DK /R 

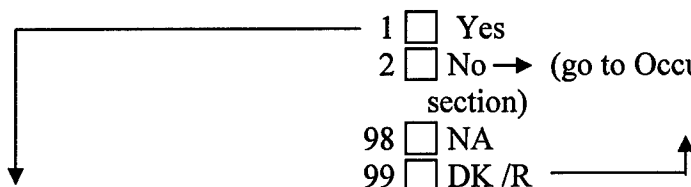
42. What year did you stop smoking ?

(write year)

SH42

43. Did you start smoking again?

SH43

- 1 ☐ Yes
2 ☐ No → (go to Occupational History section)
98 ☐ NA
99 ☐ DK /R
- 

44. What year did you start smoking next?

(write year)

SH44

45. How many cigarettes per day
did you smoke?

SH45

cigarettes

- 98 ☐ NA
99 ☐ DK/R

46. What kind of cigarettes did you smoke?

SH46

- | | |
|---|----------------------------------|
| 1 <input type="checkbox"/> Filtered | 98 <input type="checkbox"/> NA |
| 2 <input type="checkbox"/> Non-Filtered | 99 <input type="checkbox"/> DK/R |
| 3 <input type="checkbox"/> Both | |

47. How did you inhale?

SH47

- | | |
|--|----------------------------------|
| 1 <input type="checkbox"/> Not at all | 98 <input type="checkbox"/> NA |
| 2 <input type="checkbox"/> Mouth or throat | 99 <input type="checkbox"/> DK/R |
| 3 <input type="checkbox"/> Chest | |

48. Did you ever stop smoking cigarettes

SH48

for six consecutive months or longer?

- 1 ☐ Yes
2 ☐ No → (go to Occupational History section)
98 ☐ NA
99 ☐ DK/R _____ ↑

49. What year did you stop smoking ?

SH49

(write year)

END OF SMOKING SECTION

OCCUPATIONAL HISTORY

INTRODUCTION: Now I'd like to ask you some questions about the kind of work you have done. We are interested in every job, at home, or outside the home, part-time or full-time, paid or unpaid, including any self-employment, or work for companies or family businesses, which you held for a total of six continuous months or longer, since you first began working. If you held more than one job at a company, or more than one job at the same time, we would like to talk about each job separately. Also, please include any time while in the military. If you get tired during this section, we can stop and resume at another time.

Are you currently employed,

OH1

not employed, a home maker, or retired?

GO TO
OH4

- 1 ☐ Employed
2 ☐ Unemployed
3 ☐ Retired
4 ☐ Home maker

A. In what year did you start being a home maker?

OH2

(write year)

B. Did you ever have any jobs outside the home?

OH3

GO TO
Occupational
Exposure Section

- 1 ☐ Yes
2 ☐ No
98 ☐ N/A
99 ☐ DK/R

What was the name, city, and state
of the company where you first
Text
worked for six months or longer?

OH4 Enter

(Job 1)

NAME: _____

City _____ State _____

What was the job title of the first job
Text
you held for six months or longer?

OH5 Enter

(JOB TITLE)

In what year did you start working in this job?

OH6

(write year)

In what year did you stop working
In this job?

OH7

(write year)

**If still working, =97*

KEY

01 = Manufacturer

02 = Retailer

03 = Wholesaler

04 = Service Provider

05 = Construction

06 = Mining

07 = Farming/Fishing/Forestry

08 = Government

09 = Other Specify (in table)

10 = Shipyard

What type of business was this?

Write answer here:

OH8

Code _____

(industry)

OH9

Enter

Text

Other _____
(specify)

What did this company make,
or what service did they provide?

OH10

Enter

Text

What were your main activities or
duties as a (Job 1 title) ?

OH11

Enter

Text

(Duties)

What kinds of chemicals or
materials did you handle in that job?

OH12

Enter Text

(Chemical/Materials)

OH13

**What kinds of tools and equipment
did you use?**
Text

Enter

(Tools/Equipment)

**How many months per year
did you work on this job?**

OH14

(months/year)

**On average, about how many
hours per week did you work on this job?**

OH15

(hours/week)

**While on this job, did you ever
work near diesel or other types of engines
or did you smell diesel or other types of exhaust?**

OH16

- 1 ☐ Yes
2 ☐ No
98 ☐ NA
99 ☐ DK/R

How did you commute to this job?

OH17

If there was more than one commuting method, probe for primary,
the method that was used for the longest time or for the longest portion of the commute.

☐ 1 Bus/Tramway ☐ 5 Motorcycle

- ☐ 2 Metro/Train ☐ 6 Animal
☐ 3 Car ☐ 7 Foot

OH18

Enter

Text

- ☐ 4 Bicycle ☐ 8 Other (specify) _____
☐ 98 NA
☐ 99 DK/R

How long did it take you to get to this job,
one way, from your home?

OH19

minutes

(hours)

code in

(minutes)

At this job, on average, about
how many people around you smoked?

OH20

- | | |
|--------------------------------|---------------------------------------|
| 0 <input type="checkbox"/> 0 | 4 <input type="checkbox"/> 10-19 |
| 1 <input type="checkbox"/> 1 | 5 <input type="checkbox"/> 20 or more |
| 2 <input type="checkbox"/> 2-4 | 98 <input type="checkbox"/> NA |
| 3 <input type="checkbox"/> 5-9 | 99 <input type="checkbox"/> DK/R |

Was your work at this job mostly
indoors, mostly outdoors, or about the
same amount indoors and outdoors?

OH21

- 1 ☐ Mostly Indoors
2 ☐ Mostly Outdoors
3 ☐ Both Indoors and Outdoors
98 ☐ NA
99 ☐ DK/R

What was the primary source of
drinking water when you worked there?

OH22

- | | |
|---|----------------------------------|
| 1 <input type="checkbox"/> Municipal water supply | 5 <input type="checkbox"/> Other |
| 2 <input type="checkbox"/> Well | 98 <input type="checkbox"/> NA |
| 3 <input type="checkbox"/> Spring | 99 <input type="checkbox"/> DK/R |
| 4 <input type="checkbox"/> Bottled | |

What was the name, city and state

of the company where you NEXT

OH23

Enter

r
worked for six months or longer?
(Job 2)

Text

NAME: _____

City _____ State _____

What was the job title of the second job
you held for six months or longer?

OH24

Enter
Text

(JOB TITLE)

In what year did you start working in this job? _____

OH25

(write year)

In what year did you stop working
in this job?

OH26

(write year)

* If still working, =97

01 = Manufacturer
02 = Retailer

KEY
06 = Mining
07 = Farming/Fishing/Forestry

03 = Wholesaler
04 = Service Provider
05 = Construction

08 = Government
09 = Other Specify (in table)
10 = Shipyard

What type of business was this?

Write answer here:

OH27

Code _____
(industry)

OH28 Enter

Text
Other _____
(specify)

**What did this company make,
or what service did they provide?**

OH29 Enter
Text

**What were your main activities or
duties as a (Job 2 title) ?**

OH30 Enter
Text

(Duties)

What kinds of chemicals or

nter

E

materials did you handle in that job?

OH31

Te

xt

(Chemicals/Materials)

What kinds of tools and equipment
did you use?
...Text

OH32

(Tools/Equipment)

How many months per year
did you work on this job?

OH33

(months/year)

On average, about how many
hours per week did you work on this job?

OH34

(hours/week)

While on this job, did you ever
work near diesel or other types of engines
or did you smell diesel or other types of exhaust?

OH35

1 ☐ Yes

2 ☐ No
98 ☐ NA
99 ☐ DK/R

How did you commute to this job?

OH36 _____

If there was more than one commuting method, probe for primary,
the method that was used for the longest time or for the longest portion of the commute.

- ☐ 1 Bus/Tramway ☐ 5 Motorcycle
☐ 2 Metro/Train ☐ 6 Animal
☐ 3 Car ☐ 7 Foot

OH37

Enter

Text

- ☐ 4 Bicycle ☐ 8 Other (specify) _____
☐ 98 NA
☐ 99 DK/R
-

**How long did it take you to get to this job,
one way, from your home?**

OH38 _____

minutes

(hours)

code in

(minutes)

**At this job, on average, about
how many people around you smoked?**

OH39 _____

- | | | | |
|----------------------------|-----|-----------------------------|------------|
| 0 <input type="checkbox"/> | 0 | 4 <input type="checkbox"/> | 10-19 |
| 1 <input type="checkbox"/> | 1 | 5 <input type="checkbox"/> | 20 or more |
| 2 <input type="checkbox"/> | 2-4 | 98 <input type="checkbox"/> | NA |
| 3 <input type="checkbox"/> | 5-9 | 99 <input type="checkbox"/> | DK/R |
-

**Was your work at this job mostly
indoors, mostly outdoors, or about the
same amount indoors and outdoors?**

OH40 _____

- 1 ☐ Mostly Indoors
2 ☐ Mostly Outdoors
3 ☐ Both Indoors and Outdoors

98 ☐ NA
99 ☐ DK/R

What was the primary source of drinking water when you worked there?

- 1 ☐ Municipal water supply 5 ☐ Other
2 ☐ Well 98 ☐ NA
3 ☐ Spring 99 ☐ DK/R
4 ☐ Bottled

OH41 _____

What was the name, city and state of the company where you next

OH42

Ente

r
worked for six months or longer?
(Job 3)

Text

NAME: _____

City _____ State _____

What was the job title of the third job

OH43

Ente

r
you held for six months or longer ?

Text

(JOB TITLE)

In what year did you start working in this job?

OH44 _____

(write year)

**In what year did you stop working
in this job?**

OH45 _____

(write year)

** If still working, =97*

KEY

01 = Manufacturer

02 = Retailer

03 = Wholesaler

04 = Service Provider

05 = Construction

06 = Mining

07 = Farming/Fishing/Forestry

08 = Government

09 = Other Specify (in table)

10 = Shipyard

What type of business was this?

Write answer here:

Code _____

(industry)

OH46 _____

Other _____

Text

(specify)

OH47

Enter

What did this company make,

Text

or what service did they provide?

OH48

Enter

**What were your main activities or
duties as a (Job 3 title) ?**

Text

OH49

Enter

____ (Duties)

**What kinds of chemicals or
materials did you handle in that job?**
Text

OH50

Enter

(Chemical/Materials)

**What kinds of tools and equipment
did you use?**
Text

OH51

Enter

(Tools/Equipment)

**How many months per year
did you work on this job?**

OH52

(months/year)

**On average, about how many
hours per week did you work on this job?**

OH53

(hours/week)

While on this job, did you ever
work near diesel or other types of engines
or did you smell diesel or other types of exhaust?

OH54

- 1 ☐ Yes
2 ☐ No
98 ☐ NA
99 ☐ DK/R

How did you commute to this job?

OH55

If there was more than one commuting method, probe for primary,
the method that was used for the longest time or for the longest portion of the commute.

- ☐ 1 Bus/Tramway ☐ 5 Motorcycle
☐ 2 Metro/Train ☐ 6 Animal

Text

- ☐ 3 Car ☐ 7 Foot
☐ 4 Bicycle ☐ 8 Other

OH56

Enter

(specify) _____

☐ 98 NA

☐ 99 DK/R

How long did it take you to get to this job,
one way, from your home?

OH57

minutes

(hours)

code in

(minutes)

At this job, on average, about
how many people around you smoked?

OH58

- | | | | | | |
|---|--------------------------|-----|----|--------------------------|------------|
| 0 | <input type="checkbox"/> | 0 | 4 | <input type="checkbox"/> | 10-19 |
| 1 | <input type="checkbox"/> | 1 | 5 | <input type="checkbox"/> | 20 or more |
| 2 | <input type="checkbox"/> | 2-4 | 98 | <input type="checkbox"/> | NA |
| 3 | <input type="checkbox"/> | 5-9 | 99 | <input type="checkbox"/> | DK/R |

Was your work at this job mostly

OH59

indoors, mostly outdoors, or about the
same amount indoors and outdoors?

- 1 ☐ Mostly Indoors
2 ☐ Mostly Outdoors
3 ☐ Both Indoors and Outdoor
98 ☐ NA
99 ☐ DK/R

What was the primary source of
drinking water when you worked there?

OH60

- 1 ☐ Municipal water supply
2 ☐ Well
3 ☐ Spring
4 ☐ Bottled
5 ☐ Other
98 ☐ NA
99 ☐ DK/R

What was the name, city and state
of the company where you next
worked for six months or longer? Enter Text
(Job 4)

OH61

NAME: _____

City _____ State _____

What was the job title of the fourth job
Text
you held for six months or longer ?

OH62

Enter

(JOB TITLE)

In what year did you start working in this job?

OH63

(write year)

**In what year did you stop working
In this job?**

OH64 _____

(write year)

** If still working, =97*

**01 = Manufacturer
02 = Retailer
03 = Wholesaler
04 = Service Provider
05 = Construction**

KEY

**06 = Mining
07 = Farming/Fishing/Forestry
08 = Government
09 = Other Specify (in table)
10 = Shipyard**

What type of business was this?
Write answer here:

OH65 _____

Code _____
(industry)

Other _____
Text _____
(specify)

OH66

Enter

**What did this company make,
or what service did they provide?**

OH67

Enter

Text

**What were your main activities or
duties as a (Job 4 title) ?**
Text

OH68 Enter

(Duties)

**What kinds of chemicals or
Text
materials did you handle in that job?**

OH69 Enter

(Chemical/Materials)

**What kinds of tools and equipment
did you use?**
Text

OH70 Enter

(Tools/Equipment)

**How many months per year
did you work on this job?**

OH71 _____

(months/year)

**On average, about how many
hours per week did you work on this job?**

OH72 _____

(hours/week)

**While on this job, did you ever
work near diesel or other types of engines
or did you smell diesel or other types of exhaust?**

OH73 _____

- 1 ☐ Yes
2 ☐ No
98 ☐ NA
99 ☐ DK/R

How did you commute to this job?

OH74 _____

If there was more than one commuting method, probe for primary,
the method that was used for the longest time or for the longest portion of the commute.

- ☐ 1 Bus/Tramway ☐ 5 Motorcycle
☐ 2 Metro/Train ☐ 6 Animal
☐ 3 Car ☐ 7 Foot
☐ 4 Bicycle ☐ 8 Other (specify) _____

OH75

Enter Text

- ☐ 98 NA
 - ☐ 99 DK/R
-

How long did it take you to get to this job,
one way, from your home?

OH76

minutes

(hours)

code in

(minutes)

At this job, on average, about
how many people around you smoked?

OH77

0 ☐ 0

1 ☐ 1

2 ☐ 2-4

3 ☐ 5-9

4 ☐ 10-19

5 ☐ 20 or more

98 ☐ NA

99 ☐ DK/R

Was your work at this job mostly
indoors, mostly outdoors, or about the
same amount indoors and outdoors?

OH78

1 ☐ Mostly Indoors

2 ☐ Mostly Outdoors

3 ☐ Both Indoors and Outdoors

98 ☐ NA

99 ☐ DK/R

What was the primary source of
drinking water when you worked there?

OH79

1 ☐ Municipal water supply

2 ☐ Well

3 ☐ Spring

4 ☐ Bottled

5 ☐ Other

98 ☐ NA

99 ☐ DK/R

What was the name, city and state
of the company where you next
worked for six months or longer?

OH80

Enter

Text

(Job 5)

NAME: _____

City _____ State _____

What was the job title of the fifth job

OH81

Enter

Text

you held for six months or longer at (COMPANY)?

(JOB TITLE)

In what year did you start working in this job? _____

OH82

(write year)

**In what year did you stop working
In this job?**

OH83

(write year)

** If still working, =97*

KEY

01 = Manufacturer

02 = Retailer

03 = Wholesaler

04 = Service Provider

05 = Construction

06 = Mining

07 = Farming/Fishing/Forestry

08 = Government

09 = Other Specify (in table)

10 = Shipyard

What type of business was this?

Write answer here:

Code _____

(industry)

OH84

Other _____

(specify)

OH85

Enter Text

**What did this company make,
or what service did they provide?**

OH86 Enter Text

**What were your main activities or
duties as a (Job 5 title) ?**

OH87 Enter Text

(Duties)

**What kinds of chemicals or
materials did you handle in that job?**

OH88 Enter Text

(Chemical/Materials)

**What kinds of tools and equipment
did you use?**

OH89 Enter Text

(Tools/Equipment)

**How many months per year
did you work on this job?**

OH90 _____

(months/year)

**On average, about how many
hours per week did you work on this job?**

OH91 _____

(hours/week)

While on this job, did you ever
work near diesel or other types of engines
or did you smell diesel or other types of exhaust?

OH92

- 1 ☐ Yes
2 ☐ No
98 ☐ NA
99 ☐ DK/R

How did you commute to this job?

OH93

If there was more than one commuting method, probe for primary,
the method that was used for the longest time or for the longest portion of the commute.

- 1 ☐ Bus/Tramway 5 ☐ Motorcycle
2 ☐ Metro/Train 6 ☐ Animal
3 ☐ Car 7 ☐ Foot

OH94

Enter

Text

- 4 ☐ Bicycle 8 ☐ Other (specify) _____
98 ☐ NA
99 ☐ DK/R

How long did it take you to get to this job,
one way, from your home?

OH95

minutes

(hours)

code in

(minutes)

At this job, on average, about
how many people around you smoked?

OH96

- 0 ☐ 0 4 ☐ 10-19
1 ☐ 1 5 ☐ 20 or more
2 ☐ 2-4 98 ☐ NA
3 ☐ 5-9 99 ☐ DK/R

Was your work at this job mostly
indoors, mostly outdoors, or about the
same amount indoors and outdoors?

OH97

- 1 ☐ Mostly Indoors
2 ☐ Mostly Outdoors

- 3 ☐ Both Indoors and Outdoors
98 ☐ N/A
99 ☐ DK/R

What was the primary source of drinking water when you worked there?

OH98

- 1 ☐ Municipal water supply 5 ☐ Other
2 ☐ Well 98 ☐ NA
3 ☐ Spring 99 ☐ DK/R
4 ☐ Bottled

What was the name, city and state of the company where you next

OH99

Enter

Text

worked for six months or longer?

(Job 6)

NAME: _____

City _____ State _____

What was the job title of the sixth job

OH100

you held for six months or longer at (COMPANY)?

Enter

Text

(JOB TITLE)

In what year did you start working in this job?

OH101

(write year)

OH102

In what year did you stop working

In this job?

(write year)

KEY

01 = Manufacturer

02 = Retailer

03 = Wholesaler

04 = Service Provider

05 = Construction

06 = Mining

07 = Farming/Fishing/Forestry

08 = Government

09 = Other Specify (in table)

10 = Shipyard

What type of business was this?

Write answer here:

Code _____

(industry)

OH103

Other _____

(specify)

OH104

Enter

Text

What did this company make,

Text

or what service did they provide?

OH105

Enter

What were your main activities or

Text

duties as a (Job 6 title) ?

OH106

Enter

(Duties)

What kinds of chemicals or

Text

materials did you handle in that job?

OH107

Enter

(Chemical/Materials)

What kinds of tools and equipment
did you use?

OH108
Enter Text

(Tools/Equipment)

How many months per year
did you work on this job?

OH109

(months/year)

On average, about how many
hours per week did you work on this job?

OH110

(hours/week)

While on this job, did you ever
work near diesel or other types of engines
or did you smell diesel or other types of exhaust?

OH111

- 1 ☐ Yes
2 ☐ No
98 ☐ NA
99 ☐ DK/R

How did you commute to this job?

OH113

If there was more than one commuting method, probe for primary,
the method that was used for the longest time or for the longest portion of the commute.

- 1 ☐ Bus/Tramway 5 ☐ Motorcycle 98 ☐ NA
2 ☐ Metro/Train 6 ☐ Animal 99 ☐ DK/R
3 ☐ Car 7 ☐ Foot
4 ☐ Bicycle 8 ☐ Other (specify) _____

OH114
Enter

How long did it take you to get to this job,
one way, from your home?

OH115

minutes

(hours)

code in

(minutes)

At this job, on average, about
how many people around you smoked?

OH116

- | | | | | | |
|---|--------------------------|-----|----|--------------------------|------------|
| 0 | <input type="checkbox"/> | 0 | 4 | <input type="checkbox"/> | 10-19 |
| 1 | <input type="checkbox"/> | 1 | 5 | <input type="checkbox"/> | 20 or more |
| 2 | <input type="checkbox"/> | 2-4 | 98 | <input type="checkbox"/> | NA |
| 3 | <input type="checkbox"/> | 5-9 | 99 | <input type="checkbox"/> | DK/R |

Was your work at this job mostly
indoors, mostly outdoors, or about the
same amount indoors and outdoors?

OH117

- | | | |
|----|--------------------------|---------------------------|
| 1 | <input type="checkbox"/> | Mostly Indoors |
| 2 | <input type="checkbox"/> | Mostly Outdoors |
| 3 | <input type="checkbox"/> | Both Indoors and Outdoors |
| 98 | <input type="checkbox"/> | NA |
| 99 | <input type="checkbox"/> | DK/R |

What was the primary source of
drinking water when you worked there?

OH118

- | | | | | | |
|---|--------------------------|------------------------|----|--------------------------|-------|
| 1 | <input type="checkbox"/> | Municipal water supply | 5 | <input type="checkbox"/> | Other |
| 2 | <input type="checkbox"/> | Well | 98 | <input type="checkbox"/> | NA |
| 3 | <input type="checkbox"/> | Spring | 99 | <input type="checkbox"/> | DK/R |
| 4 | <input type="checkbox"/> | Bottled | | | |

END OF OCCUPATIONAL HISTORY

OCCUPATIONAL EXPOSURE

Now, I would like to ask you some questions about things you may have come into contact with, either on or off the job.

Have you ever been exposed, either on the job or off, to any of the following substances or processes for a lifetime total of a year or more?

EXAMPLE: If you have been exposed to a substance for 2 months at a time for 6 years or more, that constitutes a lifetime total of a year or more.

Have you ever been exposed to ASBESTOS (for a year or more)?

OC3

1 ☐ Yes

2 ☐ No = Next Substance (OC4)

99 ☐ DK /R

How long were you exposed to asbestos?

0 ☐ Less than 1 year

OC3a

1-70 _____ Years

98 ☐ NA

99 ☐ DK /R

Were you exposed to asbestos at one of the jobs you mentioned earlier?

OC3b

1 ☐ Yes, specify job title [specify]

2 ☐ No

98 ☐ NA

99 ☐ DK/R

Have you ever been exposed to DIESEL FUEL or EXHAUST (for a year or more)?

OC4

1 ☐ Yes

2 ☐ No = Next Substance (OC5)

99 ☐ DK/ R _____ ↑

How long were you exposed diesel fuel or exhaust?

0 ☐ Less than 1 year

OC4a

1-70 _____ Years

98 ☐ NA

99 ☐ DK/R

Were you exposed to this diesel fuel or exhaust at one of the jobs you mentioned earlier?

OC4b _____

1 ☐ Yes, specify job title [specify]

2 ☐ No

98 ☐ NA

99 ☐ DK/R

Have you ever been exposed to GASOLINE or GASOLINE EXHAUST (for a year or more)?

OC5

1 ☐ Yes

*2 ☐ No = Next Substance (OC6)

*99 ☐ DK /R _____ ↑

How long were you exposed to gasoline or gasoline exhaust?

OC5a _____

0 ☐ Less than 1 year

1-70 _____ Years

98 ☐ NA

99 ☐ DK/R

Were you exposed to gasoline or gasoline exhaust at one of

OC5b

the jobs you mentioned earlier?

- 1 ☐ Yes, specify job title [specify]
2 ☐ No
98 ☐ NA
99 ☐ DK/R
-

Have you ever been exposed to DYESTUFFS (material or clothing dyes)
(for a year or more)?

OC6

1 ☐ Yes

2 ☐ No = Next Substance (OC7)

99 ☐ DK /R

How long were you exposed to dyestuffs?

OC6a

0 ☐ Less than 1 year

1-70 _____ Years

98 ☐ NA

99 ☐ DK/R

Were you exposed to dyestuffs at one of
the jobs you mentioned earlier?

OC6b

1 ☐ Yes, specify job title [specify]

2 ☐ No

98 ☐ NA

99 ☐ DK/R

Have you ever been exposed to ORGANIC
SOLVENTS (for a year or more)?

OC7

(Interviewer: show respondent card B)

1 ☐ Yes

2 ☐ No = Next Substance, OC8

99 ☐ DK/R

**Interviewer : [go to OC8]*

How long were you exposed to this
substance?

OC7a

0 ☐ Less than 1 year

1-70 _____ Years

98 ☐ NA
99 ☐ DK/R

Were you exposed to organic solvents at one of the jobs you mentioned earlier?

OC7b

- 1 ☐ Yes, specify job title [specify]
2 ☐ No
98 ☐ NA
99 ☐ DK /R

Have you ever been exposed to DDT (for a year or more)?

OC8

- 1 ☐ Yes
2 ☐ No = Next Substance, OC9
99 ☐ DK/ R

How long were you exposed to this substance?

OC8a

- 0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R

Were you exposed to DDT at one of the jobs you mentioned earlier?

OC8b

- 1 ☐ Yes, specify job title
2 ☐ No
98 ☐ NA
99 ☐ DK/R

Have you ever been exposed to HERBICIDES (for a year or more)?

OC9

- 1 ☐ Yes
2 ☐ No = Next Substance, OC10

99 ☐ DK/R

How long were you exposed to this substance?

OC9a _____

- 0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R
-

Were you exposed to herbicides at one of the jobs you mentioned earlier?

OC9b _____

- 1 ☐ Yes, specify job title [specify]
2 ☐ No
98 ☐ NA
99 ☐ DK/R
-

Have you ever been exposed to INSECTICIDES (for a year or more)?

OC10

- _____ 1 ☐ Yes
2 ☐ No = Next Substance, OC11
99 ☐ DK/R
-

How long were you exposed to this substance?

OC10a

- _____ 0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R
-

Were you exposed to insecticides at one of the jobs you mentioned earlier?

OC10b

- _____ 1 ☐ Yes, specify job title
2 ☐ No

98 ☐ NA
99 ☐ DK/R

Have you ever been exposed to PAINTS (for a year or more)?

OC11

1 ☐ Yes
2 ☐ No = Next Substance, OC12
99 ☐ DK/R

How long were you exposed to this substance?

OC11a

0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R

Were you exposed to paints at one of the jobs you mentioned earlier?

OC11b

1 ☐ Yes, specify job title
2 ☐ No
98 ☐ NA
99 ☐ DK/R

Have you ever been exposed to PAINT THINNERS (for a year or more)?

OC12

1 ☐ Yes
2 ☐ No = Next Substance, OC13

99 ☐ DK/R

How long were you exposed to this substance?

0 ☐ Less than 1 year

OC12a

1-70 _____ Years

98 ☐ NA

99 ☐ DK/R

Were you exposed to paint thinners at one of the jobs previously listed?

OC12b

1 ☐ Yes, specify job title

2 ☐ No

98 ☐ NA

99 ☐ DK/ R

Have you ever been exposed to MINERAL, CUTTING, or LUBRICATING OIL (for a year or more)?

OC13

1 ☐ Yes

2 ☐ No = Next Substance, OC14

99 ☐ DK/ R

How long were you exposed to this substance?

OC13a

0 ☐ Less than 1 year

1-70 _____ Years

98 ☐ NA

99 ☐ DK/R

Were you exposed to mineral, cutting or lubricating oil at one of the jobs you mentioned earlier?

OC13b

- _____
1 ☐ Yes, specify job title
2 ☐ No
98 ☐ NA
99 ☐ DK/R

Have you ever been exposed to COAL, TAR, SOOT, PITCH, CREOSOTE, or ASPHALT (for a year or more)?

OC14

- _____
1 ☐ Yes
2 ☐ No = Next Substance, OC15
99 ☐ DK/R

How long were you exposed to this substance?

OC14a

- _____
0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R

Were you exposed to coal, tar, soot, pitch, creosote or asphalt at one of the jobs you mentioned earlier?

OC14b

- _____
1 ☐ Yes, specify job title [specify]
2 ☐ No
98 ☐ NA
99 ☐ DK/R

Have you ever been exposed to RUBBER or CABLE MAKING (for a year or more)?

OC15

- _____
1 ☐ Yes
2 ☐ No = Next Substance, OC16

99 ☐ DK/ R

How long were you exposed to this substance?

OC15a

0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R

Were you exposed to rubber or cable making at one of the jobs you mentioned earlier?

OC15b

1 ☐ Yes, specify job title [specify]
2 ☐ No
98 ☐ NA
99 ☐ DK/R

Have you ever been exposed to PRINTING INKS (for a year or more)?

OC16

1 ☐ Yes
2 ☐ No = Next Substance, OC17
99 ☐ DK/ R

How long were you exposed to this substance?

OC16a

0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R

Were you exposed to printing inks at one of

the jobs you mentioned earlier?

OC16b

- 1 ☐ Yes, specify job title
2 ☐ No
98 ☐ NA
99 ☐ DK/R
-

Have you ever been exposed to PLASTIC
PRODUCTION (for a year or more)?

OC17

- 1 ☐ Yes
2 ☐ No = Next Substance, OC18
99 ☐ DK/R
-

How long were you exposed to this
substance?

OC17a

- 0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R
-

Were you exposed to plastic production at one of
the jobs you mentioned earlier?

OC17b

- 1 ☐ Yes, specify job title
2 ☐ No
98 ☐ NA
99 ☐ DK/R
-

Have you ever been exposed to LEATHER
PRODUCTION (for a year or more)?

OC18

- 1 ☐ Yes
2 ☐ No = Next Substance, OC19
99 ☐ DK/R
-

How long were you exposed to this

substance?

OC18a

- 0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R

Were you exposed to leather production at one of
the jobs you mentioned earlier?

OC18b

- 1 ☐ Yes, specify job title
2 ☐ No
98 ☐ NA
99 ☐ DK/R

Have you ever been exposed to the LUMBER

OC19

INDUSTRY or WOOD DUST(for a year or more)?

- 1 ☐ Yes
2 ☐ No = Next Substance, OC20
99 ☐ DK/R

How long were you exposed to this
substance?

OC19a

- 0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R

Were you exposed to the lumber industry or wood dust at one of
the jobs you mentioned earlier?

OC19b

- 1 ☐ Yes, specify job title [specify]

- 2 ☐ No
98 ☐ NA
99 ☐ DK/R

**Have you ever been exposed to GLUE OR
ADDITIVES (for a year or more)?**

OC20

- 1 ☐ Yes
2 ☐ No = Next Substance, OC21
99 ☐ DK/ R

**How long were you exposed to this
substance?**

OC20a

- 0 ☐ Less than 1 year
1-70 ☐ Years
98 ☐ NA
99 ☐ DK/R

**Were you exposed to glue or additives at one of
the jobs you mentioned earlier?**

OC20b

- 1 ☐ Yes, specify job title
2 ☐ No
98 ☐ NA
99 ☐ DK/R

**Have you ever been exposed to METALS or
METAL DUST (for a year or more)?**

OC21

- 1 ☐ Yes
2 ☐ No = Go to Diet Section, DTX2
99 ☐ DK/ R

How long were you exposed to this

substance?

OC21a

- 0 ☐ Less than 1 year
1-70 _____ Years
98 ☐ NA
99 ☐ DK/R
-

Were you exposed to metals or metal dust
At one of the jobs you mentioned earlier?

OC21b _____

1 ☐ Yes, specify job title OC21b

- 2 ☐ No
98 ☐ NA
99 ☐ DK/R
-

END OF EXPOSURE SECTION

DIET

The next series of questions will be about

DTX2

your diet. The year before _____ [Year of Diet] did you change your diet?

- 1 ☐ Yes
- 2 ☐ No
- 98 ☐ NA
- 99 ☐ DK/R

[Interviewer if diet has changed in the year before the diagnosis, use the prior year for the questionnaire. For instance if the cancer was diagnosed in 2000, but diet changed, use 1998. If diet did not change, use 1999. For controls go back one year.]

The next questions ask about your use and preparation of meat and eggs during _____.

D001

I will ask the number of times you ate the Foods, as well as how they were made. Some of the information may be hard to remember. Please try to give your best guess. Some different ways to cook foods are pan-frying, deep frying, oven broiling, baking/roasting, grilling/barbecuing, microwaving, and stewing.

Interviewer: show card C, show and explain card D

During _____, how often did you eat eggs ?

DO2a

Interviewer : show card D

- 1 ☐ Never [go to DO3a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA

How many eggs did you usually eat per

DO2b

serving ?

1-80 enter number

98 ☐ NA

99 ☐ DK/R

During ____, when you ate eggs, how often
were they pan-fried, such as sunny side-up ?

DO2c

Interviewer: show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During ____, when you ate eggs, how often
were they prepared in any other way ?

DO2d

Interviewer: other than pan-fried

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

**During ____, how often did you eat
hamburgers and cheeseburgers including**

DO3a

fast food ?

Interviewer: show card D

- 1 ☐ Never [go to DO5a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

**What was your usual serving size of
hamburgers and cheeseburgers ?**

DO3b

Interviewer: compared to this example

- 1-80 ____ oz
- 98 ☐ DK
 - 99 ☐ R

**During ____, when you ate hamburgers and
cheeseburgers, how often were they pan fried?**

DO3c

Interviewer : show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, when you ate hamburgers and

DO3d

cheeseburgers, how often were they grilled or
barbecued ?

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per week
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, when you ate hamburgers and
cheeseburgers, how often were they oven-

DO3e

broiled ?

Interviewer: show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, when you ate hamburgers and cheeseburgers, how often were they prepared in a way that I haven't mentioned ?

DO3f

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, how often did you eat beef

DO5a

steaks ?

Interviewer: show card D

- 1 ☐ Never [go to D07a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

What was your usual serving size of beef steaks ?

DO5b

Interviewer: compared to this example

1-80 _____ oz
98 ☐ NA
99 ☐ DK/ R

During _____, when you ate beef steaks, how often were they pan-fried ?

DO5c

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, when you ate beef steaks, how often were they grilled or barbecued ?

DO5d

Interviewer: show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, when you ate beef steaks, how often were they oven-broiled ?

DO5e

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, when you ate beef steaks, how often were they prepared in a way that I

DO5f

haven't mentioned ?

Interviewer: show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, how often did you eat pork chops or ham steaks ?

D07a

Interviewer: show card D

- 1 ☐ Never [go to D08a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

What was your usual serving size of pork chops or ham steaks ?

D07b

Interviewer : compared to this example

- 1-80 _____ oz
- 98 ☐ NA
 - 99 ☐ DK/R

During _____, when you ate pork chops or

D07c

ham steaks, how often were they pan-fried?

Interviewer : show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week

- 15 ☐ 5-6 times per week
17 ☐ Once per day
19 ☐ Two or more times per day
98 ☐ NA
99 ☐ DK/R
-

During ____, when you ate pork chops or ham steaks, how often were they oven-broiled?

DO7d

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During ____, when you ate pork chops or ham steaks, how often were they baked or roasted?

DO7e

Interviewer : show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ N/A
 - 99 ☐ DK/R
-

During _____, when you ate pork chops or ham steaks, how often were they prepared

DO7f

_____ in a way that I haven't mentioned ?

Interviewer : show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, how often did you eat bacon ?

D08a

Interviewer: show card D

- 1 ☐ Never [go to D09a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

How many strips of bacon did you usually eat ?

Interviewer: in number of strips

D08b

- _____
- 1-80 _____ strips
 - 98 ☐ N/A
 - 99 ☐ DK/R
-

**During _____, when you ate bacon how often
was it pan-fried ?**

DO8c

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

**During _____, when you ate bacon, how often
was it grilled or barbecued ?**

DO8d

Interviewer: show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

**During ____, when you ate bacon, how often
was it oven-broiled?**

DO8e

Interviewer : show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

**During ____, when you ate bacon, how often
was it microwaved?**

DO8f

Interviewer: show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During ____, when you ate bacon, how often
was it prepared in a way that I haven't

DO8g

mentioned?

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During ____, how often did you eat sausage

DO9a

(including breakfast, Italian, Polish , and
bratwurst)?

Interviewer : show card D

- 1 ☐ Never [go to D10a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

What was your usual serving size of sausage?

*Interviewer: 1 large(Polish, Bratwurst etc.)or
2 small(patties or links)= 1 serving*

DO9b

- 1-80 _____ servings
- 98 ☐ NA
 - 99 ☐ DK/R

During _____, when you ate sausage , how often was it pan-fried?

Interviewer : show card D

DO9c _____

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, when you ate sausage, how often was it grilled or barbecued?

Interviewer : show card D

DO9d

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

**During _____, when you ate sausage, how
often was it oven-broiled?**

DO9e

Interviewer : show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, when you ate sausage, how

DO9f

often was it microwaved?

Interviewer : show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, when you ate sausage, how often was it prepared in a way that I

D09g

haven't mentioned ?

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, how often did you eat hot dogs or franks ?

D10a _____

Interviewer: show card D (remind subject of corn dogs, etc.)

- 1 ☐ Never [go to D11a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

What was your usual serving size of hot dogs or franks ?

D10b _____

Interviewer: in number of hot dogs

- 1-80 _____ hot dogs
 - 98 ☐ NA
 - 99 ☐ DK/R
-

**During _____, when you ate hot dogs or
franks, how often were they pan-fried?**

Interviewer: show card D

D10c _____

- 1 ☐ Never [go to D26a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

**During _____, when you ate hot dogs or
franks, how often were they oven-broiled?**

Interviewer : show card D

D10d _____

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

**During ____, when you ate hot dogs or
franks, how often were they grilled or
barbecued ?**

D10e _____

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

**During ____, when you ate hot dogs or
franks, how often were they prepared in a**

D10f

**_____
way that I have not mentioned ?**

Interviewer: show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During ____, how often did you eat fried chicken?

Interviewer: show card D

D11a _____

*Remind subject of chicken strips &
chicken nuggets.*

- 1 ☐ Never [go to D12a]
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

What was your usual serving size of fried chicken?

Interviewer: compared to these examples

D11b _____

1-80 _____ oz

- 98 ☐ NA
 - 99 ☐ DK/R
-

**During ____, when you ate fried chicken,
how often was it deep fat fried/fast food?**

Interviewer: show card D

D11c _____

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

**During _____, when you ate fried chicken,
how often was it pan fried ?**

D11d _____

Interviewer : show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

**Other than fried chicken, during _____, how
often did you eat chicken or turkey (including
on sandwiches) ?**

D12a _____

Interviewer : show card D

- 1 ☐ Never [go to D13a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

**What was your usual serving size of the
chicken or turkey ?**

D12b _____

Interviewer: compared to this example

2oz = 1 serving

1-80 _____ servings

98 ☐ NA

During ____, when you ate chicken or turkey, how often was it baked or roasted ?

Interviewer: show card D

D12c

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During ____, when you ate chicken or turkey, how often was it stewed ?

Interviewer : show card D

D12d

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, when you ate chicken or turkey, how often was it oven-broiled ?

Interviewer: show card D

D12e

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, when you ate chicken or

_____ turkey, how often was it grilled or barbecued ?

Interviewer: show card D

D12f

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, when you ate chicken or turkey, how often was it prepared in a way that I have not mentioned ?

Interviewer: show card D

D12g _____

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, how often did you eat fried fish or fish sandwiches (including other fried seafood) ?

Interviewer: show card D

D13a _____

- 1 ☐ Never [go to D14a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

What was your usual serving size of fried fish or fish sandwich ?

Interviewer: compared to these examples

D13b _____

- 1-80 _____ oz
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, when you ate fried fish or a fish sandwich, how often were they pan-fried ?

D13c

Interviewer: show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, when you ate fried fish or a fish sandwich, how often were they deep fat

D13d

fried or fast food ?

Interviewer: show card D

- 1 ☐ Never
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, how often did you eat other fish besides fried fish (including tuna and shrimp)?

D14a _____

Interviewer: show card D

- 1 ☐ Never [go to D15a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

What was your usual serving size of other fish besides fried fish?

D14b _____

Interviewer: compared to these examples

- 1-80 _____ oz
- 98 ☐ NA
- 99 ☐ DK/R

During _____, when you ate other fish besides fried fish, how often was it oven-broiled ?

D14c

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week

- 17 ☐ Once per day
19 ☐ Two or more times per day
98 ☐ NA
99 ☐ DK/R
-

**During _____, when you ate other fish besides
fried fish, how often was it baked ?**

D14d _____

Interviewer: show card D

- 1 ☐ Never
3 ☐ Less than once per month
5 ☐ Once per month
7 ☐ 2-3 times per month
9 ☐ Once per week
11 ☐ Twice per week
13 ☐ 3-4 times per week
15 ☐ 5-6 times per week
17 ☐ Once per day
19 ☐ Two or more times per day
98 ☐ NA
99 ☐ DK/R
-

**During _____, when you ate other fish besides
fried fish, how often was it in a casserole ?**

D14e

Interviewer: show card D

- 1 ☐ Never
3 ☐ Less than once per month
5 ☐ Once per month
7 ☐ 2-3 times per month
9 ☐ Once per week
11 ☐ Twice per week
13 ☐ 3-4 times per week
15 ☐ 5-6 times per week
17 ☐ Once per day
19 ☐ Two or more times per day
98 ☐ NA
99 ☐ DK/R
-

During _____, when you ate other fish besides fried fish, how often was it in a salad ?

D14f

Interviewer: show card D

ie. tuna salad, with mayo, cucumber, pickles, etc.

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

During _____, when you ate other fish besides fried fish, how often was it prepared in a way that I have not mentioned ?

D14g

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day

98 ☐ NA
99 ☐ DK/R

During _____, how often did you eat roast beef (including sandwiches)?

D15a

Interviewer: show card D

- 1 ☐ Never [go to D16a]
 - 3 ☐ Less than once per month
 - 5 ☐ Once per month
 - 7 ☐ 2-3 times per month
 - 9 ☐ Once per week
 - 11 ☐ Twice per week
 - 13 ☐ 3-4 times per week
 - 15 ☐ 5-6 times per week
 - 17 ☐ Once per day
 - 19 ☐ Two or more times per day
 - 98 ☐ NA
 - 99 ☐ DK/R
-

What was your usual serving size of roast beef ?

D15b

Interviewer: compared to these examples

1-80 _____ oz
98 ☐ NA
99 ☐ DK/R

During _____, how often did you eat beef stew or potpie with carrots or other vegetables ?

D16a _____

Interviewer: show card D

- 1 ☐ Never [go to D17a]
 3 ☐ Less than once per month
 5 ☐ Once per month
 7 ☐ 2-3 times per month
 9 ☐ Once per week
 11 ☐ Twice per week
 13 ☐ 3-4 times per week
 15 ☐ 5-6 times per week
 17 ☐ Once per day
 19 ☐ Two or more times per day
 98 ☐ NA
 99 ☐ DK/R
-

What was your usual serving size of beef stew or potpie with carrots or other vegetables ?

D16b

Interviewer: compared to this example

- 1-80 _____ oz
 98 ☐ NA
 99 ☐ DK/R
-

During _____, how often did you eat other ground beef (include meat loaf or taco)?

D17a _____

Interviewer: show card D1

- 1 ☐ Never [go to D18a]
 3 ☐ Less than once per month
 5 ☐ Once per month
 7 ☐ 2-3 times per month
 9 ☐ Once per week
 11 ☐ Twice per week
 13 ☐ 3-4 times per week
 15 ☐ 5-6 times per week
 17 ☐ Once per day
 19 ☐ Two or more times per day
 98 ☐ NA
 99 ☐ DK/R
-

What was your usual serving size of ground beef ?

D17b

Interviewer: 1 cup = 8 ounces

1-80 _____ oz
98 ☐ NA
99 ☐ DK/R

During _____, how often did you eat meat gravies made with meat drippings?

D18a

Interviewer : show card D

- 1 ☐ Never [go to D19a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

What was your usual serving size of meat gravies ? _____

D18b

Interviewer : compared to this example of 2 tablespoons

1 Tablespoon = 3 teaspoons

1-80 _____ teaspoons
98 ☐ NA
99 ☐ DK/R

During _____, how often did you eat ham, bologna, salami, and other lunch meats?

D19a

(Not including chicken, turkey or roast beef; asked before.)

Interviewer: show card D

- 1 ☐ Never [go to D20a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day

- 19 ☐ Two or more times per day
98 ☐ NA
99 ☐ DK/R
-

**What was your usual serving size of ham,
bologna, salami, and other luncheon meats ?**

D19b

Interviewer: compared to this example

- 1-80 _____ oz
98 ☐ NA
99 ☐ DK/R
-

**During _____, how often did you eat spaghetti,
lasagna, or pasta with tomato and meat sauce ?**

D20a

Interviewer: show card D

- 1 ☐ Never [go to D21a]
3 ☐ Less than once per month
5 ☐ Once per month
7 ☐ 2-3 times per month
9 ☐ Once per week
11 ☐ Twice per week
13 ☐ 3-4 times per week
15 ☐ 5-6 times per week
17 ☐ Once per day
19 ☐ Two or more times per day
98 ☐ NA
99 ☐ DK/R
-

What was your usual serving size of spaghetti,

lasagna, or pasta with tomato and meat sauce ?

D20b

Interviewer: 1 cup = 8 ounces

1-80 _____ oz
98 ☐ NA
99 ☐ DK/R

**During _____, how often did you eat soups
containing meat such as vegetable beef,
chicken, etc?**

D21a _____

Interviewer: show card D

- 1 ☐ Never [go to D22a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

**What was your usual serving size of soups
containing meat such as vegetable beef,
chicken, etc ?**

D21b _____

Interviewer: 1 cup = 8 ounces

1-80 _____ oz
98 ☐ NA
99 ☐ DK/R

**During _____, how often did you eat toast at
any meal ?**

D22a _____

Interviewer: show card D

- 1 ☐ Never [go to D23a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month

- 7 ☐ 2-3 times per month
9 ☐ Once per week
11 ☐ Twice per week
13 ☐ 3-4 times per week
15 ☐ 5-6 times per week
17 ☐ Once per day
19 ☐ Two or more times per day
98 ☐ NA
99 ☐ DK/R

What was your usual serving size of toast ?

D22b

Interviewer: in number of slices

1-80 _____ (slices)

- 98 ☐ NA
99 ☐ DK/R

**During _____, when you ate the toast, how
was it usually toasted ?**

D22c

Interviewer: show card D2

- 1 ☐ Did not eat
3 ☐ Light
5 ☐ Medium
7 ☐ Dark
9 ☐ Very dark
98 ☐ NA
99 ☐ DK/R
-
-

During ____, how often did you eat fried bread (2 hushpuppies = 1 slice)?

Interviewer : show card D3

D23a

- 1 ☐ Never [go to D24a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

What was your usual serving size of fried bread (2 hushpuppies = 1 slice)?

D23b

Interviewer : in number of slices

- 1-80 _____ slices
- 98 ☐ NA
- 99 ☐ DK/R

During ____, how often did you eat fats, saved after cooking, on bread, for example, bacon fat ?

Interviewer: show card D

D24a

- 1 ☐ Never [go to D26a]
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ DK
- 99 ☐ R

What was your usual serving size of fats on bread that were saved after cooking ?

D24b

Interviewer : In number of slices

1-80 Slices

98 ☐ NA

99 ☐ DK/R

During ____, when you ate hamburgers or cheeseburgers, how were they usually

D26

cooked ?

Interviewer: show card D4

1 ☐ Did not eat

3 ☐ Rare

5 ☐ Medium rare

7 ☐ Medium

9 ☐ Medium well

11 ☐ Well-done

13 ☐ Very well-done

98 ☐ NA

99 ☐ DK/R

During ____, when you ate steak, how was it usually cooked ?

D27

Interviewer: show card D4

1 ☐ Did not eat

3 ☐ Rare

5 ☐ Medium rare

7 ☐ Medium

9 ☐ Medium well

11 ☐ Well-done

13 ☐ Very well-done

98 ☐ NA

99 ☐ DK/R

During _____, when you ate chicken, how was it usually cooked ?

Interviewer: show card D5

D28

- 1 ☐ Did not eat
 - 3 ☐ Just until done
 - 5 ☐ Well-done
 - 7 ☐ Very well-done
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, when you ate pork chops or ham steaks, how was they usually cooked ?

Interviewer: show card D5

D29

- 1 ☐ Did not eat
 - 3 ☐ Just until done
 - 5 ☐ Well-done
 - 7 ☐ Very well-done
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, when you ate hot dogs or franks, how were they usually cooked ?

Interviewer: show card D6

D30

- 1 ☐ Did not eat
 - 3 ☐ Just until done
 - 5 ☐ Well-done/crisp
 - 7 ☐ Charred
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During _____, when you ate bacon, how was it usually cooked ?

Interviewer: show card D6

D31

- 1 ☐ Did not eat
 - 3 ☐ Just until done
 - 5 ☐ Well-done/crisp
 - 7 ☐ Charred
 - 98 ☐ NA
 - 99 ☐ DK/R
-

During ____, when you ate sausage, how was it usually cooked ?

D32

Interviewer: show card D6

- 1 ☐ Did not eat
- 3 ☐ Just until done
- 5 ☐ Well-done/crisp
- 7 ☐ Charred
- 98 ☐ NA
- 99 ☐ DK/R

During ____, when you ate gravies how were they usually cooked ?

D33

- 1 ☐ Did not eat
- 3 ☐ Made from meat drippings
- 5 ☐ Store bought cans
- 7 ☐ Store bought packets
- 98 ☐ NA
- 99 ☐ DK/R

During ____, how often did you use the fat from fried bacon in your cooking ?

D34

Interviewer: show card D

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

**In the summer months, how often did you eat
grilled or barbecued meats (including beef,
pork, chicken, or fish) ?**

Interviewer: show card D

D35

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/ R

**During the remainder of the year, how often
did you eat grilled or barbecued meats
(including beef, pork, chicken, or fish) ?**

Interviewer: show card D

D36

- 1 ☐ Never
- 3 ☐ Less than once per month
- 5 ☐ Once per month
- 7 ☐ 2-3 times per month
- 9 ☐ Once per week
- 11 ☐ Twice per week
- 13 ☐ 3-4 times per week
- 15 ☐ 5-6 times per week
- 17 ☐ Once per day
- 19 ☐ Two or more times per day
- 98 ☐ NA
- 99 ☐ DK/R

**During ____, when you had grilled or
barbecued meats, how often were they
charred ?**

Interviewer: show card D7

D37

- 1 ☐ Never
- 3 ☐ About $\frac{1}{4}$ of the time
- 5 ☐ About $\frac{1}{2}$ of the time
- 7 ☐ About $\frac{3}{4}$ of the time
- 9 ☐ About 100% of the time
- 11 ☐ Did not eat
- 98 ☐ NA
- 99 ☐ DK/R

During ____, when you had pan-fried or oven-broiled meats, how often were they well-browned ?

Interviewer: show card D7

D38

- 1 ☐ Never
3 ☐ About ¼ of the time
5 ☐ About ½ of the time
7 ☐ About ¾ of the time
9 ☐ About 100% of the time
11 ☐ Did not eat pan-fried or oven-broiled meats
98 ☐ NA
99 ☐ DK/R

Now I would like you to look at some photographs of meats which have been cooked to different degrees. (Open book to first set of photos) Please decide which photograph most closely resembles the way meat you eat is cooked. If you eat meat that looks to be between categories, you may indicate that. For example, you would select 2.5 to indicate that the meat

you eat looks between pictures 2 and 3.

Let's start with beef. Please pay special attention to the way hamburger and steaks look inside as well as outside. For example, there is little difference in the internal appearances of the meat between numbers 3 and 4 for both hamburgers and steaks, but there is more browning and charring on the external surface of number 4 as compared to number 3.

During ____, when you ate hamburgers, which picture most closely resembles the way they were usually cooked ?

D40

(Interviewer: show photograph of hamburgers and cheeseburger)

- 0 ☐ Did not eat
0.5 ☐
1.0 ☐
1.5 ☐
2.0 ☐
2.5 ☐
3.0 ☐
3.5 ☐
4.0 ☐
4.5 ☐
98 ☐ NA

During ____, when you ate steaks, which picture most closely resembles the way they were usually cooked ?

D41

(Interviewer: show photograph of steaks)

- 0 ☐ Did not eat
0.5 ☐
1.0 ☐
1.5 ☐
2.0 ☐
2.5 ☐
3.0 ☐
3.5 ☐
4.0 ☐
4.5 ☐
98 ☐ NA
99 ☐ DK/R

During ____, when you ate ham steaks, which picture most closely resembles the way they were usually cooked ?

D42

(Interviewer: show photograph of ham steaks)

- 0 ☐ Did not eat
0.5 ☐
1.0 ☐
1.5 ☐
2.0 ☐
2.5 ☐
3.0 ☐
3.5 ☐
4.0 ☐
4.5 ☐
98 ☐ NA
99 ☐ DK/R
-

During ____, when you pork chops, which picture most closely resembles the way they were usually cooked ?

D43

(Interviewer: show photograph of pork chops)

- 0 ☐ Did not eat
0.5 ☐
1.0 ☐
1.5 ☐
2.0 ☐
2.5 ☐
3.0 ☐
3.5 ☐
4.0 ☐
4.5 ☐
98 ☐ NA
99 ☐ DK/R
-

During ____, when you ate hot dogs, which picture most closely resembles the way they were usually cooked ?

D44

(Interviewer: show photograph of hot dogs)

- 0 ☐ Did not eat
0.5 ☐
1.0 ☐
1.5 ☐
2.0 ☐
2.5 ☐
3.0 ☐
3.5 ☐
4.0 ☐
4.5 ☐
98 ☐ NA
99 ☐ DK/R
-

During ____, when you ate bacon, which picture most closely resembles the way it was usually cooked ?

(Interviewer: show photograph of bacon)

D45

- 0 ☐ Did not eat
0.5 ☐
1.0 ☐
1.5 ☐
2.0 ☐
2.5 ☐
3.0 ☐
3.5 ☐
4.0 ☐
4.5 ☐
98 ☐ NA
99 ☐ DK/R
-

END OF DIET SECTION

MEDICAL and FAMILY HISTORY

MEDICAL HISTORY:

Now I am going to ask you about your medical and family history.

Since birth, have you ever had diabetes?

MH1

- 1 ☐ Yes
2 ☐ No (go to next section)
98 ☐ NA
99 ☐ DK/R

What was your age when you first learned
that you had diabetes?

MH1a

- 1 _____ (enter age)
97 ☐ 97 or older
98 ☐ NA
99 ☐ DK/R

Did you take insulin?

MH1b

- 1 ☐ Yes
2 ☐ No
98 ☐ NA
99 ☐ DK/R

END OF MEDICAL and FAMILY HISTORY

FAMILY HISTORY:

In this section of the questionnaire I would like to ask you about the health history of your immediate blood relatives. This would include your mother, father, sisters, brothers and children. I am interested in living and deceased members of your family, but I am interested only in your full blood relatives not half or adopted relatives.

I am going to start with your parents. Interviewer: Please read across. ie: complete questions about mother first then move to father.

Is your (Relative) still living?	How old is (HE/SHE) ?	How old was (HE/SHE) when (HE/SHE) died?
F001 Mother 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (go to F003) 99 <input type="checkbox"/> DK (go to F004)	F002 Mother _____ ENTER AGE 99 <input type="checkbox"/> DK (go to F004)	F003 Mother _____ ENTER AGE 99 <input type="checkbox"/> DK
F013 Father 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (go to F015) 99 <input type="checkbox"/> DK (go to F016)	F014 Father _____ ENTER AGE* 99 <input type="checkbox"/> DK* *(go to F016)	F015 Father _____ ENTER AGE 99 <input type="checkbox"/> DK

Cancer Types (Interviewer: show card E)

- | | |
|-----------------------|---|
| 1 Skin (not melanoma) | 12 Melanoma |
| 2 Lung | 13 Oral Cavity |
| 3 Breast | 14 Ovary |
| 4 Colon | 15 Pancreas |
| 5 Prostate | 16 Rectum |
| 6 Bladder | 17 Stomach |
| 7 Brain | 18 Uterus (corpus uteri) |
| 8 Cervix | 19 Other Cancer (specify) |
| 9 Kidney | 20 Cancer of female reproductive organs:
site unknown |
| 10 Leukemia | 21 Cancer of the large bowel (colon/rectum)
site unknown |
| 11 Lymphoma | 22 Relative had cancer; site unknown |

Was your (Relative) ever diagnosed as having any type of cancer?	What was the first type of cancer your (Relative) had?	How old was (HE/SHE) when this cancer was diagnosed?
F004 Mother 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (go to F025a) 99 <input type="checkbox"/> DK (go to F025a)	F005 Mother _____ write cancer name and # (see list above)	F006 Mother _____ enter age 000 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK
F016 Father 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (go to F025a) 99 <input type="checkbox"/> DK (go to F025a)	F017 Father _____ write cancer name and # (see list above)	F018 Father _____ enter age 000 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK

Cancer Types

- | | |
|-----------------------|--|
| 1 Skin (not melanoma) | 12 Melanoma |
| 2 Lung | 13 Oral cavity |
| 3 Breast | 14 Ovary |
| 4 Colon | 15 Pancreas |
| 5 Prostate | 16 Rectum |
| 6 Bladder | 17 Stomach |
| 7 Brain | 18 Uterine (corpus uteri) |
| 8 Cervix | 19 Other cancer (specify) |
| 9 Kidney | 20 Cancer of female reproductive organs,
site unknown |
| 10 Leukemia | 21 Cancer of the large bowel (colon/rectum),
site unknown |
| 11 Lymphoma | 22 Relative had cancer, site unknown |

Did your (RELATIVE) have any other cancer?	What was the next type of cancer your (RELATIVE) had?	How old was (HE/SHE) when this cancer was diagnosed?
F007 Mother 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (go to F020) 99 <input type="checkbox"/> DK (go to F020)	F008 Mother <hr/> write cancer name and # (see list above)	F009 Mother enter age 000 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK
F019 Father 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (go to FTX1) 99 <input type="checkbox"/> DK (go to FTX1)	F020 Father <hr/> write cancer name and # (see list above)	F021 Father enter age 000 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK

Did your (RELATIVE) have any other cancer?	What was the next type of cancer your (RELATIVE) had?	How old was (HE/SHE) when this cancer was diagnosed?
F010 Mother 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (go to F020) 99 <input type="checkbox"/> DK (go to F020)	F011 Mother <hr/> write cancer name and # (see list above)	F012 Mother enter age 000 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK
F022 Father 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (go to FTX1) 99 <input type="checkbox"/> DK (go to FTX1)	F023 Father <hr/> write cancer name and # (see list above)	F024 Father enter age 000 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK

Now I would like to ask you the same questions about your full brothers and sisters. Please include those who are living or deceased, but do not include adopted, foster, half or step brothers and sisters.

How many full brothers and sisters do you

FTX1

_____ have? Again, please include any who may have died.

F025a brothers _____ enter number

F025a

0 ☐ None

98 ☐ NA

99 ☐ DK/R

F025b sisters _____ enter number

F025b

0 ☐ None

98 ☐ NA

99 ☐ DK/R

Interviewer: Enter total number of siblings _____

Note: a response followed by an alphanumeric in brackets: (FXXX) indicates that if this response is given, the interviewer should proceed to the question described by the alphanumeric. Interviewers should complete each page from top to bottom before asking the next set of questions in the numeric sequence. For example, complete name column first then go back to first sibling and ask questions across a row. In order to be consistent, it is important that each question be asked and each response be recorded in a similar manner. Therefore, all interviewers must follow the same technique.

	What are the first names of your brothers or sisters?	What is (names) sex?	Is (name) still living?	How old is (name) ?	How old was (name) when (he/she) died?
1	F026 oldest _____ name 98 <input type="checkbox"/> NA (F027) 99 <input type="checkbox"/> DK/R	F027 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F028 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F030) 99 <input type="checkbox"/> DK (F031)	F029 _____ enter age 99 <input type="checkbox"/> DK (F031)	F030 _____ enter age 00 <input type="checkbox"/> <1year old 99 <input type="checkbox"/> DK (F031)
2	F040 next _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F041 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F042 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F044) 99 <input type="checkbox"/> DK (F045)	F043 _____ enter age 99 <input type="checkbox"/> DK (F045)	F044 _____ enter age 00 <input type="checkbox"/> <1year old 99 <input type="checkbox"/> DK (F045)
3	F054 next _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F055 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F058) 99 <input type="checkbox"/> DK (F059)	F057 _____ enter age 99 <input type="checkbox"/> DK (F059)	F058 _____ enter age 00 <input type="checkbox"/> <1year old 99 <input type="checkbox"/> DK (F059)
4	F068 next _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F069 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F072) 99 <input type="checkbox"/> DK (F073)	F071 _____ enter age 99 <input type="checkbox"/> DK (F073)	F072 _____ enter age 00 <input type="checkbox"/> <1year old 99 <input type="checkbox"/> DK (F073)
5	F082 next _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F083 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F084 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F086) 99 <input type="checkbox"/> DK (F087)	F085 _____ enter age 99 <input type="checkbox"/> DK (F087)	F086 _____ enter age 00 <input type="checkbox"/> <1year old 99 <input type="checkbox"/> DK (F087)
6	F096 next _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F097 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F098 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F100) 99 <input type="checkbox"/> DK (F101)	F099 _____ enter age 99 <input type="checkbox"/> DK (F101)	F100 _____ enter age 00 <input type="checkbox"/> <1year old 99 <input type="checkbox"/> DK (F101)
7	F110 next _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F111 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F112 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F114) 99 <input type="checkbox"/> DK (F115)	F113 _____ enter age 99 <input type="checkbox"/> (F115)	F114 _____ enter age 00 <input type="checkbox"/> <1year old 99 <input type="checkbox"/> DK (F115)

Interviewer: write the total number of siblings here: _____.

Write in brothers' and sisters' first names on following pages now.

[nxt sec] = questions of medical history of children

Cancer Types

- | | |
|-----------------------|--|
| 1 Skin (not melanoma) | 12 Melanoma |
| 2 Lung | 13 Oral cavity |
| 3 Breast | 14 Ovary |
| 4 Colon | 15 Pancreas |
| 5 Prostate | 16 Rectum |
| 6 Bladder | 17 Stomach |
| 7 Brain | 18 Uterine (corpus uteri) |
| 8 Cervix | 19 Other cancer (specify) |
| 9 Kidney | 20 Cancer of female reproductive organs: site unknown |
| 10 Leukemia | 21 Cancer of the large bowel (colon/rectum),
site unknown |
| 11 Lymphoma | 22 Relative had cancer: site unknown |

	Was (first name) ever diagnosed as having any type of cancer?	What was the first type of cancer (NAME) had?	How old was (HE/SHE) when this cancer was diagnosed?
1	F031 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No (F045) sibling name 99 <input type="checkbox"/> DK	F032 _____ write in cancer name and # (see list above)	F033 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F034)
2	F045 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name 99 <input type="checkbox"/> DK	F046 _____ write in cancer name and # (see list above)	F047 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F048)
3	F059 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name 99 <input type="checkbox"/> DK	F060 _____ write in cancer name and # (see list above)	F061 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F062)
4	F073 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name 99 <input type="checkbox"/> DK	F074 _____ write in cancer name and # (see list above)	F075 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F076)
5	F087 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name 99 <input type="checkbox"/> DK	F088 _____ write in cancer name and # (see list above)	F089 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F090)
6	F101 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name 99 <input type="checkbox"/> DK	F102 _____ write in cancer name and # (see list above)	F103 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F104)
7	F115 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name 99 <input type="checkbox"/> DK	F116 _____ write in cancer name and # (see list above)	F117 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F118)

Interviewer: write the total number of siblings here: _____.

Cancer Types

- | | |
|------------------------|--|
| 1. Skin (not melanoma) | 12. Melanoma |
| 2. Lung | 13. Oral Cavity |
| 3. Breast | 14. Ovary |
| 4. Colon | 15. Pancreas |
| 5. Prostate | 16. Rectum |
| 6. Bladder | 17. Stomach |
| 7. Brain | 18. Uterine (corpus uteri) |
| 8. Cervix | 19. Other cancer (specify) |
| 9. Kidney | 20. Cancer of female reproductive organs; site unknown |
| 10. Leukemia | 21. Cancer of the large bowel (colon/rectum), site unknown |
| 11. Lymphoma | 22. Relative had cancer; site unknown |

	Did (first name) have any other cancer?	What was the second type of cancer (NAME) had?	How old was (HE/SHE) when this cancer was diagnosed?
1	F034 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No (F048) sibling name _____ 99 <input type="checkbox"/> DK	F035 _____ write in cancer name and # (see list above)	F036 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F037)
2	F048 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F049 _____ write in cancer name and # (see list above)	F050 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F051)
3	F062 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F063 _____ write in cancer name and # (see list above)	F064 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F065)
4	F076 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F077 _____ write in cancer name and # (see list above)	F078 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F079)
5	F090 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F091 _____ write in cancer name and # (see list above)	F092 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F093)
6	F104 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F105 _____ write in cancer name and # (see list above)	F106 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F107)
7	F118 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F119 _____ write in cancer name and # (see list above)	F120 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F121)

Interviewer: write the total number of siblings here: _____.

Cancer Types

- | | |
|------------------------|---|
| 1. Skin (not melanoma) | 12. Melanoma |
| 2. Lung | 13. Oral Cavity |
| 3. Breast | 14. Ovary |
| 4. Colon | 15. Pancreas |
| 5. Prostate | 16. Rectum |
| 6. Bladder | 17. Stomach |
| 7. Brain | 18. Uterine (corpus uteri) |
| 8. Cervix | 19. Other cancer (specify) |
| 9. Kidney | 20. Cancer of female reproductive organs;
site unknown |
| 10. Leukemia | 21. Cancer of the large bowel (colon/rectum),
site unknown |
| 11. Lymphoma | 22. Relative had cancer; site unknown |

	Did (first name) have any other cancer?	What was the third type of cancer (NAME) had?	How old was (HE/SHE) when this cancer was diagnosed?
1	F037 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No (F051) sibling name _____ 99 <input type="checkbox"/> DK	F038 _____ write in cancer name and # (see list above)	F039 _____ enter age 00 <input type="checkbox"/> < 1 year old 99 <input type="checkbox"/> DK (F124)
2	F051 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F052 _____ write in cancer name and # (see list above)	F053 _____ enter age 00 <input type="checkbox"/> < 1 year old 99 <input type="checkbox"/> DK (F138)
3	F065 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F066 _____ write in cancer name and # (see list above)	F067 _____ enter age 00 <input type="checkbox"/> < 1 year old 99 <input type="checkbox"/> DK (F152)
4	F079 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F080 _____ write in cancer name and # (see list above)	F081 _____ enter age 00 <input type="checkbox"/> < 1 year old 99 <input type="checkbox"/> DK (F166)
5	F093 1 <input type="checkbox"/> Yes _____ 3 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F094 _____ write in cancer name and # (see list above)	F095 _____ enter age 00 <input type="checkbox"/> < 1 year old 99 <input type="checkbox"/> DK (F180)
6	F107 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F108 _____ write in cancer name and # (see list above)	F109 _____ enter age 00 <input type="checkbox"/> < 1 year old 99 <input type="checkbox"/> DK (F194)
7	F121 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F122 _____ write in cancer name and # (see list above)	F123 _____ enter age 00 <input type="checkbox"/> < 1 year old 99 <input type="checkbox"/> DK (F208)

Interviewers: write the total number of siblings here: _____.

	What is the first name of your (next) brother or sister?	What is (name) sex?	Is (name) still living?	How old is (name)?	How old was (name) when (he/she) died?
8	F124 _____ name 00 <input type="checkbox"/> None(nxt sec) 99 <input type="checkbox"/> DK	F125 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F126 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F128) 99 <input type="checkbox"/> DK (F129)	F127 _____ enter age 99 <input type="checkbox"/> DK (F129)	F128 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F129)
9	F138 _____ name 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK	F139 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F142) 99 <input type="checkbox"/> DK (F143)	F141 _____ enter age 99 <input type="checkbox"/> DK (F143)	F142 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F143)
10	F152 _____ name 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK	F153 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F154 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F156) 99 <input type="checkbox"/> DK (F157)	F155 _____ enter age 99 <input type="checkbox"/> DK (F157)	F156 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F157)
11	F166 _____ name 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK	F167 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F170) 99 <input type="checkbox"/> DK (F171)	F169 _____ enter age 99 <input type="checkbox"/> DK (F171)	F170 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F171)
12	F180 _____ name 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK	F181 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F182 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F184) 99 <input type="checkbox"/> DK (F185)	F183 _____ enter age 99 <input type="checkbox"/> DK (F185)	F184 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F185)
13	F194 _____ name 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK	F195 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F196 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F198) 99 <input type="checkbox"/> DK (F199)	F197 _____ enter age 99 <input type="checkbox"/> DK (F199)	F198 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F199)
14	F208 _____ name 00 <input type="checkbox"/> None 99 <input type="checkbox"/> DK	F209 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F212) 99 <input type="checkbox"/> DK (F213)	F211 _____ enter age 99 <input type="checkbox"/> DK (F213)	F212 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F213)

Interviewer: write the total number of siblings here: _____.

Cancer Types

1. Skin (not melanoma)
2. Lung
3. Breast
4. Colon
5. Prostate
6. Bladder
7. Brain
8. Cervix
9. Kidney

10. Leukemia

11. Lymphoma

12. Melanoma
13. Oral cavity
14. Ovary
15. Pancreas
16. Rectum
17. Stomach
18. Uterine (corpus uteri)
19. Other cancer (specify)
20. Cancer of female reproductive organs;
site unknown
21. Cancer of the large bowel (colon/rectum),
site unknown
22. Relative had cancer, site unknown

	Was (first name) ever diagnosed as having any type of cancer?	What was the first type of cancer (NAME) had?	How old was (HE/SHE) when this cancer was diagnosed?
8	F129 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No (F143) name _____ 99 <input type="checkbox"/> DK	F130 _____ write in cancer name and # (see list above)	F131 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F132)
9	F143 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] name _____ 99 <input type="checkbox"/> DK	F144 _____ write in cancer name and # (see list above)	F145 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F146)
10	F157 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F158 _____ write in cancer name and # (see list above)	F159 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F160)
11	F171 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F172 _____ write in cancer name and # (see list above)	F173 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F174)
12	F185 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F186 _____ write in cancer name and # (see list above)	F187 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F188)
13	F199 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F200 _____ write in cancer name and # (see list above)	F201 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F202)
14	F213 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F214 _____ write in cancer name and # (see list above)	F215 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F216)

Interviewer: write the total number of siblings here: _____.

Cancer Types

- | | |
|------------------------|---|
| 1. Skin (not melanoma) | 12. Melanoma |
| 2. Lung | 13. Oral cavity |
| 3. Breast | 14. Ovary |
| 4. Colon | 15. Pancreas |
| 5. Prostate | 16. Rectum |
| 6. Bladder | 17. Stomach |
| 7. Brain | 18. Uterine (corpus uteri) |
| 8. Cervix | 19. Other cancer (specify) |
| 9. Kidney | 20. Cancer of female reproductive organs;
site unknown |
| 10. Leukemia | 21. Cancer of the large bowel(colon/rectum)
site unknown |
| 11. Lymphoma | 22. Relative had cancer site; unknown |

	Did (first name) have any other cancer?	What was the second type of cancer (NAME) had?	How old was (HE/SHE) when this cancer was diagnosed?
8	F132 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No (F146) sibling name _____ 99 <input type="checkbox"/> DK	F133 _____ write in cancer name and # (see list above)	F134 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F135)
9	F146 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F147 _____ write in cancer name and # (see list above)	F148 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F149)
10	F160 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F161 _____ write in cancer name and # (see list above)	F162 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F163)
11	F174 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F175 _____ write in cancer name and # (see list above)	F176 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F177)
12	F188 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F189 _____ write in cancer name and # (see list above)	F190 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F191)
13	F202 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F203 _____ write in cancer name and # (see list above)	F204 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F205)
14	F216 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F217 _____ write in cancer name and # (see list above)	F218 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F219)

Interviewer: write the total number of siblings here: _____.

Cancer Types

- | | |
|------------------------|---|
| 1. Skin (not melanoma) | 12. Melanoma |
| 2. Lung | 13. Oral cavity |
| 3. Breast | 14. Ovary |
| 4. Colon | 15. Pancreas |
| 5. Prostate | 16. Rectum |
| 6. Bladder | 17. Stomach |
| 7. Brain | 18. Uterine (corpus uteri) |
| 8. Cervix | 19. Other cancer (specify) |
| 9. Kidney | 20. Cancer of female reproductive organs;
site unknown |
| 10. Leukemia | 21. Cancer of the large bowel(colon/rectum)
site unknown |
| 11. Lymphoma | 22. Relative had cancer; site unknown |

	Did (first name) have any other cancer?	What was the third type of cancer (NAME) had?	How old was (HE/SHE) when this cancer was diagnosed?
8	F135 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No (F149) sibling name _____ 99 <input type="checkbox"/> DK	F136 _____ write in cancer name and # (see list above)	F137 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK
9	F149 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F150 _____ write in cancer name and # (see list above)	F151 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK
10	F163 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F164 _____ write in cancer name and # (see list above)	F165 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK
11	F177 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F178 _____ write in cancer name and # (see list above)	F179 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK
12	F191 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F192 _____ write in cancer name and # (see list above)	F193 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK
13	F205 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F206 _____ write in cancer name and # (see list above)	F207 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK
14	F219 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No [nxt sec] sibling name _____ 99 <input type="checkbox"/> DK	F220 _____ write in cancer name and # (see list above)	F221 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK

Interviewer: write the total number of siblings here: _____.

I would like to ask you the same questions about your children. Again, include those who are living or deceased, but do not include adopted, foster, or step children.

How many children do you have? Again,

F222

please include any who may have died.

Natural Children

00 ☐ None
98 ☐ NA
99 ☐ DK/R

(Go to next section)

Interviewers please list all children's names in first column then go back to first child and complete information across a row. Enter first name only for each child.

	What is the first name of your (oldest/next) Child?	What is (name's) sex?	Is (name) still living?	How old is (name) ?	How old was (name) when (he/she) died?
1	F223 oldest _____ name 98 <input type="checkbox"/> NA (F224) 99 <input type="checkbox"/> DK/R	F224 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F225 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F227) 99 <input type="checkbox"/> DK (F228)	F226 _____ enter age 99 <input type="checkbox"/> DK (F228)	F227 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F228)
2	F234 _____ name 00 <input type="checkbox"/> No more children 99 <input type="checkbox"/> DK [nxt sec]	F235 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F236 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F238) 99 <input type="checkbox"/> DK (F239)	F237 _____ enter age 99 <input type="checkbox"/> DK (F239)	F238 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F229)
3	F245 _____ name 00 <input type="checkbox"/> No more children 99 <input type="checkbox"/> DK [nxt sec]	F246 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F247 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F249) 99 <input type="checkbox"/> DK (F250)	F248 _____ enter age 99 <input type="checkbox"/> DK (F250)	F249 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F250)
4	F256 _____ name 00 <input type="checkbox"/> No more children 99 <input type="checkbox"/> DK [nxt sec]	F257 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F260) 99 <input type="checkbox"/> DK (F261)	F259 _____ enter age 99 <input type="checkbox"/> DK (F261)	F260 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F261)
5	F267 _____ name 00 <input type="checkbox"/> No more children 99 <input type="checkbox"/> DK [nxt sec]	F268 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F269 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F271) 99 <input type="checkbox"/> DK (F272)	F270 _____ enter age 99 <input type="checkbox"/> DK (F272)	F271 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F272)
6	F278 _____ name 00 <input type="checkbox"/> No more children 99 <input type="checkbox"/> DK [nxt sec]	F279 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F282) 99 <input type="checkbox"/> DK (F283)	F281 _____ enter age 99 <input type="checkbox"/> DK (F283)	F282 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F238)
7	F289 _____ name 00 <input type="checkbox"/> No more children 99 <input type="checkbox"/> DK [nxt sec]	F290 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F291 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F293) 99 <input type="checkbox"/> DK (F294)	F292 _____ enter age 99 <input type="checkbox"/> DK (F294)	F293 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F294)

Interviewer: enter total number of children _____.

Cancer Types

- | | |
|------------------------|--|
| 1. Skin (not melanoma) | 12. Melanoma |
| 2. Lung | 13. Oral cavity |
| 3. Breast | 14. Ovary |
| 4. Colon | 15. Pancreas |
| 5. Prostate | 16. Rectum |
| 6. Bladder | 17. Stomach |
| 7. Brain | 18. Uterine (corpus uteri) |
| 8. Cervix | 19. Other cancer (specify) |
| 9. Kidney | 20. Cancer of female reproductive organs;
site unknown |
| 10. Leukemia | 21. Cancer of the large bowel(colon/rectum);
site unknown |
| 11. Lymphoma | 22. Relative had cancer; site unknown |

	Was (first name) ever diagnosed as having any type of cancer?	What was the first type of cancer (NAME) had?	How old was (HE/SHE) when this cancer was diagnosed?
1	F228 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name _____ 99 <input type="checkbox"/> DK	F229 _____ write in cancer name and # (see list above)	F230 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F231)
2	F239 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name _____ 99 <input type="checkbox"/> DK	F240 _____ write in cancer name and # (see list above)	F241 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F242)
3	F250 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name _____ 99 <input type="checkbox"/> DK	F251 _____ write in cancer name and # (see list above)	F252 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F253)
4	F261 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name _____ 99 <input type="checkbox"/> DK	F262 _____ write in cancer name and # (see list above)	F263 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F264)
5	F272 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name _____ 99 <input type="checkbox"/> DK	F273 _____ write in cancer name and # (see list above)	F274 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F275)
6	F283 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name _____ 99 <input type="checkbox"/> DK	F284 _____ write in cancer name and # (see list above)	F285 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F286)
7	F294 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name _____ 99 <input type="checkbox"/> DK	F295 _____ write in cancer name and #	F296 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F297)

		(see list above)	
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Interviewer: write the total number of children here: _____.

Cancer Types

- | | |
|------------------------|--|
| 1. Skin (not melanoma) | 12. Melanoma |
| 2. Lung | 13. Oral cavity |
| 3. Breast | 14. Ovary |
| 4. Colon | 15. Pancreas |
| 5. Prostate | 16. Rectum |
| 6. Bladder | 17. Stomach |
| 7. Brain | 18. Uterine (corpus uteri) |
| 8. Cervix | 19. Other cancer (specify) |
| 9. Kidney | 20. Cancer of female reproductive organs;
site unknown |
| 10. Leukemia | 21. Cancer of the large bowel(colon/rectum);
site unknown |
| 11. Lymphoma | 22. Relative had cancer; site unknown |

	Did (first name) have a second cancer?	What was the second type of cancer (NAME) had?	How old was (HE/SHE) when this cancer was diagnosed?
1	F231 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F232 _____ write in cancer name and # (see list above)	F233 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F242)
2	F242 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F243 _____ write in cancer name and # (see list above)	F244 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F253)
3	F253 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F254 _____ write in cancer name and # (see list above)	F255 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F264)
4	F264 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F265 _____ write in cancer name and # (see list above)	F266 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F275)
5	F275 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F276 _____ write in cancer name and # (see list above)	F277 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F286)
6	F286 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F287 _____ write in cancer name and # (see list above)	F288 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F297)
7	F297 1 <input type="checkbox"/> Yes _____	F298	F299 _____ enter age

	2 <input type="checkbox"/> No	child's name	write in cancer name and #	00 <input type="checkbox"/> <1 year old
	99 <input type="checkbox"/> DK		(see list above)	99 <input type="checkbox"/> DK (F300)

Interviewer: enter the total number of children _____.

	What is the first name of your (oldest/next) Child?	What is (names) sex?	Is (name) still living?	How old is (name) ?	How old was (name) when (he/she) died?
8	F300 _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F301 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F302 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F325) 99 <input type="checkbox"/> DK	F303 _____ enter age 99 <input type="checkbox"/> DK	F304 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F305)
9	F311 _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F312 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F313 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F339) 99 <input type="checkbox"/> DK	F314 _____ enter age 99 <input type="checkbox"/> DK	F315 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F316)
10	F322 _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F323 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F324 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F353) 99 <input type="checkbox"/> DK	F325 _____ enter age 99 <input type="checkbox"/> DK	F326 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F327)
11	F333 _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F334 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F335 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F367) 99 <input type="checkbox"/> DK	F336 _____ enter age 99 <input type="checkbox"/> DK	F337 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F338)
12	F344 _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F345 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F346 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F381) 99 <input type="checkbox"/> DK	F347 _____ enter age 99 <input type="checkbox"/> DK	F348 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F349)
13	F355 _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F356 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F357 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F395) 99 <input type="checkbox"/> DK	F358 _____ enter age 99 <input type="checkbox"/> DK	F359 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F360)
14	F366 _____ name 00 <input type="checkbox"/> None [nxt sec] 99 <input type="checkbox"/> DK	F367 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 99 <input type="checkbox"/> DK	F368 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (F409) 99 <input type="checkbox"/> DK	F369 _____ enter age 99 <input type="checkbox"/> DK	F370 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F371)

Interviewer: enter the total number of children here:_____.

Cancer Types

- | | |
|------------------------|--|
| 1. Skin (not melanoma) | 12. Melanoma |
| 2. Lung | 13. Oral cavity |
| 3. Breast | 14. Ovary |
| 4. Colon | 15. Pancreas |
| 5. Prostate | 16. Rectum |
| 6. Bladder | 17. Stomach |
| 7. Brain | 18. Uterine (corpus uteri) |
| 8. Cervix | 19. Other cancer (specify) |
| 9. Kidney | 20. Cancer of female reproductive organs;
site unknown |
| 10. Leukemia | 21. Cancer of the large bowel(colon/rectum);
site unknown |
| 11. Lymphoma | 22. Relative had cancer; site unknown |

	Was (first name) ever diagnosed as having any type of cancer?	What was the first type of cancer (NAME) had?	How old was (HE/SHE) when this cancer was diagnosed?
8	F305 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F306 _____ write in cancer name and # (see list above)	F307 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F308)
9	F316 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F317 _____ write in cancer name and # (see list above)	F318 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F319)
10	F327 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F328 _____ write in cancer name and # (see list above)	F329 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F330)
11	F338 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F339 _____ write in cancer name and # (see list above)	F340 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F341)
12	F349 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F350 _____ write in cancer name and # (see list above)	F351 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F352)
13	F360 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F361 _____ write in cancer name and # (see list above)	F362 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F363)
14	F371 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F372 _____ write in cancer name and # (see list above)	F373 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F374)

Interviewer: enter the total number of children _____.

Cancer Types

- | | |
|------------------------|---|
| 1. Skin (not melanoma) | 12. Melanoma |
| 2. Lung | 13. Oral cavity |
| 3. Breast | 14. Ovary |
| 4. Colon | 15. Pancreas |
| 5. Prostate | 16. Rectum |
| 6. Bladder | 17. Stomach |
| 7. Brain | 18. Uterine (corpus uteri) |
| 8. Cervix | 19. Other cancer (specify) |
| 9. Kidney | 20. Cancer of female reproductive organs;
site unknown |
| 10. Leukemia | 21. Cancer of the large bowel(colon/rectum)
site unknown |
| 11. Lymphoma | 22. Relative had cancer; site unknown |

	Did (first name) have a second cancer?	What was the second type of cancer (NAME) had?	How old was (HE/SHE) when this cancer was diagnosed?
8	F308 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F309 _____ write in cancer name and # (see list above)	F310 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F319)
9	F319 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F320 _____ write in cancer name and # (see list above)	F321 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F330)
10	F330 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F331 _____ write in cancer name and # (see list above)	F332 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F341)
11	F341 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F342 _____ write in cancer name and # (see list above)	F343 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F352)
12	F352 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F353 _____ write in cancer name and # (see list above)	F354 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F363)
13	F363 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F364 _____ write in cancer name and # (see list above)	F365 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK (F374)
14	F374 1 <input type="checkbox"/> Yes _____ 2 <input type="checkbox"/> No child's name 99 <input type="checkbox"/> DK	F375 _____ write in cancer name and # (see list above)	F376 _____ enter age 00 <input type="checkbox"/> <1 year old 99 <input type="checkbox"/> DK [nxt sec]

Interviewer: enter the total number of children _____.

END OF FAMILY HISTORY SECTION

Women's Questionnaire

Let us begin this section of questions by relating them to specific times in your life. To help you become oriented to that period of time in your life think about where you were living, what your job was at the time, if you were married.

1. What was your weight two years ago? 1-500 _____ lbs.
(code directly to nearest pound)
99 ☐ DK/R 1 _____
2. What was your weight ten years ago? 1-500 _____ lbs.
(code directly to nearest pound)
99 ☐ DK/R 2 _____
3. What was your weight twenty years ago? 1-500 _____ lbs.
(code directly to nearest pound)
99 ☐ DK/R 3 _____
4. What was your weight at age 16? 1-500 _____ lbs.
(code directly to nearest pound)
99 ☐ DK/R 4 _____
5. What was your height two years ago? _____ ft. _____ in. 5 _____
6. Approximately how old were you when you had your first menstrual period? 1-96 _____ y.o.
_____ 6
99 ☐ DK/R
7. At what age did you have your last period? 1-96 _____ y.o.
_____ 7
2 ☐ still has
98 ☐ NA
99 ☐ DK/R
→ If "still has periods", go to Q9
8. Why did your periods stop? _____ 8
1 ☐ Menopause
2 ☐ Hysterectomy
3 ☐ Chemotherapy, X-Ray, Radiation
4 ☐ Pills
5 ☐ Other
98 ☐ NA
99 ☐ DK/R
→ If "Other", specify: _____

17. Do you examine your breasts for lumps?

Yes ☐ 1
No ☐ 2
NA ☐ 98
DK/R ☐ 99

17

18. Does your healthcare provider examine your breasts for lumps?

Yes ☐ 1
No ☐ 2
NA ☐ 98
DK/R ☐ 99

18

19. Have you ever had a mammogram?

Yes ☐ 1
No ☐ 2
NA ☐ 98
DK/R ☐ 99

19

→ If "No", go to next section

20

20. When was the last time you had a mammogram?

M M / Y Y Y Y

NA ☐ 98
DK/R ☐ 99

21. Where was this mammogram done?

Hospital/Clinic name/Radiology group

21 Enter Text

Text
City

22 Enter

Text
State

23 Enter

This section of the interview concerns your pregnancy history.

24. Have you ever been pregnant?

Yes ☐ 1

No ☐ 2

DK/ R ☐ 99

24

→ If "No", go to Q 26

25. Please answer the following questions about each of your pregnancies including those that did not result in a live birth.

A	B	C	D	E	F	G	H
What age did you become pregnant?	What was the outcome?	How many wks did you carry this baby?	What was the baby's sex?	Did you breast feed this baby?	For how many months?	Why did you stop nursing?	Did you take a shot or pill to dry up your milk?
98=NA 99=DK/R	1=live birth 2=stillbirth 3=miscarriage 4=abortion 5=tubal pregnancy 8=NA 9=DK/R	98=NA 99=DK/R	1=male 2=female 98=NA 99=DK/R (stillborn go to H)	1=Yes 2=No 98=NA 99=DK/R (if No go to H)	98=NA 99=DK/R	1=normal weaning 2=cracked nipples 3=painful 4=little milk 5=other med 6=other nonmedical 98=NA 99=DK/R	1=Yes shot 2=No 3=Yes pills 4=Yes, DK shot or pill 98=NA 99=DK/R
AGE	OUTCOME	WEEKS	SEX	NURSED	Months	STOPPED	DRIED UP?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

"Now I have some questions about the use of hormone medications. The first questions are about hormone replacement therapy, hormones that are taken around the time of menopause. This does not include hormones used for birth control."

Hormone Replacement Therapy (HRT)

Interviewer: show card F

26. Did you ever take any type of estrogen, such as Premarin, progesterone, such a Provera, testosterone, and other hormone medication (Show Card):

- 1) menopause-related symptoms (hot flashes, sweating, vaginal dryness, bladder problems)
- 2) depression, anxiety, emotional distress
- 3) replacement therapy after hysterectomy or oophorectomy (ovaries removed)
- 4) osteoporosis (bone loss), to prevent osteoporosis or bone loss (or thinning)
- 5) cardiovascular disease, to prevent cardiovascular disease
- 6) irregular menstrual periods, to regulate periods
- 7) treatment of disease (specify _____)
- 8) prevention of disease (specify _____)
- 9) anti-estrogen effect in a woman using menopausal estrogens
- 10) other (specify _____)

These hormones could include pills, vaginal creams or suppositories, injections, or skin patches.

Yes ☐ 1
No ☐ 2
DK/R ☐ 99

→ If "No", go to Q33

27. Were these hormones (estrogen, progesterone, or testosterone) in the form of a:

- | | | | |
|---------------------------------|--------------------------------|-------------------------------|----------------------------------|
| A. Pill | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | DK/R <input type="checkbox"/> 99 |
| B. Vaginal Cream or Suppository | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | DK/R <input type="checkbox"/> 99 |
| C. Skin Patch | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | DK/R <input type="checkbox"/> 99 |
| D. Shot | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 | DK/R <input type="checkbox"/> 99 |

28. When you were taking these (hormones), did you take them for **3 straight cycles** or more?

- | | | |
|---------------------------------|--------------------------------|---|
| A. Pill | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 (yes→ Complete 29.1- 29.12) |
| B. Vaginal Cream or Suppository | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 (yes→ Complete 30.1-30.12) |
| C. Skin Patch | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 (yes→ Complete 31.1-31.12) |
| D. Shot | Yes <input type="checkbox"/> 1 | No <input type="checkbox"/> 2 (yes→ Complete 32.1-32.12) |

If "No", go to Q 33

"Now I would like to ask you some details about your use of these hormones. First, see if you can recognize the specific type(s) you used from this chart." [show examples]

29. If Estrogen, Progesterone, or Testosterone Pills Reported

Complete 29.1-29.12 for each episode of use.

29.1-29.2		29.3	29.4-29.5	29.6	29.7
What is the name of the (first/next) pill you took? Enter complete name and code. Probe for frequency and unit of measure. [show examples]		Please tell me the reason you used this pill? [show card]	At what age did you (first/next) start taking this pill? At what age did you stop taking this pill? If still taking, record current age.	How many total years and months between (ages in 29.4 and 29.5) did you take this pill?	When you were taking this hormone between (ages in 29.4 and 29.5) did you usually take it every day, or in cycles?
1 st Pill	Name: _____ Code: _____ _____ per 1...day #pills 2...week	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of and _____ Months #of	Every day4 Every other day.....5 In Cycles (specify)...7 _____ Other (specify).....8
2 nd Pill	Name: _____ Code: _____ _____ per 1...day #pills 2...week	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of and _____ Months #of	Every day4 Every other day.....5 In Cycles (specify)...7 _____ Other (specify).....8
3 rd Pill	Name: _____ Code: _____ _____ per 1...day #pills 2...week	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of and _____ Months #of	Every day4 Every other day.....5 In Cycles (specify)...7 _____ Other (specify).....8
4 th Pill	Name: _____ Code: _____ _____ per 1...day #pills 2...week	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of and _____ Months #of	Every day4 Every other day.....5 In Cycles (specify)...7 _____ Other (specify).....8

If hormone was estrogen, go to Q29.8. If not, go to 30.

29.8 While you were taking estrogen pills, did you also take progesterone?

Yes ☐ 1 No ☐ 2 →

Go to next hormone

29.9-29.10

29.11-29.12

What is the name of the progesterone that you took with this estrogen? Enter complete name and code. Probe for frequency and unit of measure. [show examples]	During the (first/next) time when you were taking (estrogen) and (progesterone) in the same month, on which days did you usually take the estrogen and on which days did you usually take the progesterone? Circle first and last dates of each. Then connect first to last with a line. Enter the Start Day and End Day for Estrogen (E) and Progesterone (P) and record total number days on Estrogen (E), Progesterone (P), and Estrogen plus Progesterone (E+P).																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name: _____	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
Code: _____	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
_____ per 1...Day #Pills 2...Week	Start Day		Stop Day		Total Days		When you were taking this progesterone between (ages in 29.4 and 29.5), how often did you take it?																								
	E P		E P		E P		9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)																								
					E+P																										
Name: _____	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
Code: _____	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
_____ per 1...Day #Pills 2...Week	Start Day		Stop Day		Total Days		When you were taking this progesterone between (ages in 29.4 and 29.5), how often did you take it?																								
	E P		E P		E P		9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)																								
					E+P																										
Name: _____	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
Code: _____	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
_____ per 1...Day #Pills 2...Week	Start Day		Stop Day		Total Days		When you were taking this progesterone between (ages in 29.4 and 29.5), how often did you take it?																								
	E P		E P		E P		9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)																								
					E+P																										
Name: _____	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
Code: _____	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
_____ per 1...Day #Pills 2...Week	Start Day		Stop Day		Total Days		When you were taking this progesterone between (ages in 29.4 and 29.5), how often did you take it?																								
	E P		E P		E P		9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)																								
					E+P																										

30. If Vaginal Cream or Suppository Reported:

Complete 30.1-30.12

30.1-30.2		30.3	30.4-30.5	30.6	30.6a	30.7
What is the name of the (first/next) vaginal cream or suppository you used? Enter complete name and code. Probe for frequency and unit of measure. [show examples]		Please tell me the reason you used this vaginal cream or suppository? [show card]	At what age did you (first/next) start taking this vaginal cream or suppository? At what age did you stop? If still using, record current age.	How many total years and months between (ages in 30.4 & 30.5) did you use this cream or suppository?	If using cream, how many applicator-fulls did you use each time	When you were taking this hormone between (ages in 30.4 and 30.5) did you usually take it every week, or in cycles?
1 st Crm/ Supp	Name: _____ Code: _____ ___per 1...day #times 2...week 3...month 4...year	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	___ Years #of _____ and ___ Months #of _____	.25.....1 .50.....2 1.0.....3 1.5.....4 2 or more..5 Unknown..9	Every week.....6 In Cycles(specify)...7 _____ Other (specify).....8
2 nd Crm/ Supp	Name: _____ Code: _____ ___per 1...day #times 2...week 3...month 4...year	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	___ Years #of _____ and ___ Months #of _____	.25.....1 .50.....2 1.0.....3 1.5.....4 2 or more..5 Unknown..9	Every week.....6 In Cycles(specify)...7 _____ Other (specify).....8
3 rd Crm/ Supp	Name: _____ Code: _____ ___per 1...day #times 2...week 3...month 4...year	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	___ Years #of _____ and ___ Months #of _____	.25.....1 .50.....2 1.0.....3 1.5.....4 2 or more..5 Unknown..9	Every week.....6 In Cycles(specify)...7 _____ Other (specify).....8
4 th Crm/ Supp	Name: _____ Code: _____ ___per 1...day #times 2...week 3...month 4...year	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	___ Years #of _____ and ___ Months #of _____	.25.....1 .50.....2 1.0.....3 1.5.....4 2 or more..5 Unknown..9	Every week.....6 In Cycles(specify)...7 _____ Other (specify).....8
5 th Crm/ Supp	Name: _____ Code: _____ ___per 1...day #times 2...week 3...month 4...year	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	___ Years #of _____ and ___ Months #of _____	.25.....1 .50.....2 1.0.....3 1.5.....4 2 or more..5 Unknown..9	Every week.....6 In Cycles(specify)...7 _____ Other (specify).....8

If hormone was estrogen, go to Q30. If not, go to 33.

30.8 While you were using estrogen (cream/suppository), did you also take progesterone?

Yes ☐ 1 No ☐ 2

Go to next hormone

30.9-30.10

30.11-30.12

What is the name of the progesterone that you took with this estrogen? Enter complete name and code. Probe for frequency and unit of measure. [show examples]	During the (first/next) time when you were taking (estrogen) and (progesterone) in the same month, on which days did you usually take the estrogen and on which days did you usually take the progesterone? Circle first and last dates of each. Then connect first to last with a line. Enter the Start Day and End Day for Estrogen (E) and Progesterone (P) and record total number days on Estrogen (E), Progesterone (P), and Estrogen plus Progesterone (E+P).																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name: _____ Code: _____ _____ per 1...Day #Pills 2...Week	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
	Start Day							Stop Day					Total Days					When you were taking this progesterone between (ages in 30.4 and 30.5), how often did you take it?													
	E P							E P					E P					9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)													
	E P							E P					E P					E+P													
Name: _____ Code: _____ _____ per 1...Day #Pills 2...Week	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
	Start Day							Stop Day					Total Days					When you were taking this progesterone between (ages in 30.4 and 30.5), how often did you take it?													
	E P							E P					E P					9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)													
	E P							E P					E P					E+P													
Name: _____ Code: _____ _____ per 1...Day #Pills 2...Week	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
	Start Day							Stop Day					Total Days					When you were taking this progesterone between (ages in 30.4 and 30.5), how often did you take it?													
	E P							E P					E P					9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)													
	E P							E P					E P					E+P													
Name: _____ Code: _____ _____ per 1...Day #Pills 2...Week	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
	Start Day							Stop Day					Total Days					When you were taking this progesterone between (ages in 30.4 and 30.5), how often did you take it?													
	E P							E P					E P					9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)													
	E P							E P					E P					E+P													
Name: _____ Code: _____ _____ per 1...Day #Pills 2...Week	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	
	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
	Start Day							Stop Day					Total Days					When you were taking this progesterone between (ages in 30.4 and 30.5), how often did you take it?													
	E P							E P					E P					9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)													
	E P							E P					E P					E+P													

31. If Hormone Skin Patches Reported:

Complete 31.1-31.12 for each episode of use.

31.1-31.2		31.3	31.4-31.5	31.6	31.7
What is the name of the (first/next) hormone skin patch you used? Enter complete name and code. Probe for frequency and unit of measure. [show examples]		Please tell me the reason you used this skin patch? [show card]	At what age did you (first/next) start using these patches? At what age did you stop? If still taking, record current age.	How many total years and months between (ages in 31.4 and 31.5) did you take these skin patches?	When you were using these skin patches between (ages in 31.4 and 31.5) did you usually take it every week or in cycles?
1 st Patch Used	Name: _____ Code: _____ _____ per 1...day #times 2...week 3...month 4...year	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of _____ and _____ _____ Months #of _____	Every week.....6 In Cycles (specify)..7 _____ Other (specify).....8 _____
2 nd Patch Used	Name: _____ Code: _____ _____ per 1...day #times 2...week 3...month 4...year	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of _____ and _____ _____ Months #of _____	Every week.....6 In Cycles (specify)..7 _____ Other (specify).....8 _____
3 rd Patch Used	Name: _____ Code: _____ _____ per 1...day #times 2...week 3...month 4...year	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of _____ and _____ _____ Months #of _____	Every week.....6 In Cycles (specify)..7 _____ Other (specify).....8 _____
4 th Patch Used	Name: _____ Code: _____ _____ per 1...day #times 2...week 3...month 4...year	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of _____ and _____ _____ Months #of _____	Every week.....6 In Cycles (specify)..7 _____ Other (specify).....8 _____
5 th Patch Used	Name: _____ Code: _____ _____ per 1...day #times 2...week 3...month 4...year	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of _____ and _____ _____ Months #of _____	Every week.....6 In Cycles (specify)..7 _____ Other (specify).....8 _____

If hormone was estrogen, go to Q31.8. If not, go to 32.

31.8 While you were using estrogen skin patches, did you also take progesterone?

Yes ☐ 1 No ☐ 2

Go to next hormone

31.9-31.10

31.11-31.12

What is the name of the progesterone that you took with this estrogen? Enter complete name and code. Probe for frequency and unit of measure. [show examples]	During the (first/next) time when you were taking (estrogen) and (progesterone) in the same month, on which days did you usually take the estrogen and on which days did you usually take the progesterone? Circle first and last dates of each. Then connect first to last with a line. Enter the Start Day and End Day for Estrogen (E) and Progesterone (P) and record total number days on Estrogen (E), Progesterone (P), and Estrogen plus Progesterone (E+P).																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Name: _____ Code: _____ _____ per 1...Day #Pills 2...Week	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
	Start Day E P							Stop Day E P					Total Days E P E+P					When you were taking this progesterone between (ages in 31.4 and 31.5), how often did you take it? 9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)														
Name: _____ Code: _____ _____ per 1...Day #Pills 2...Week	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
	Start Day E P							Stop Day E P					Total Days E P E+P					When you were taking this progesterone between (ages in 31.4 and 31.5), how often did you take it? 9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)														
Name: _____ Code: _____ _____ per 1...Day #Pills 2...Week	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
	Start Day E P							Stop Day E P					Total Days E P E+P					When you were taking this progesterone between (ages in 31.4 and 31.5), how often did you take it? 9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)														
Name: _____ Code: _____ _____ per 1...Day #Pills 2...Week	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
	Start Day E P							Stop Day E P					Total Days E P E+P					When you were taking this progesterone between (ages in 31.4 and 31.5), how often did you take it? 9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)														
Name: _____ Code: _____ _____ per 1...Day #Pills 2...Week	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
	Start Day E P							Stop Day E P					Total Days E P E+P					When you were taking this progesterone between (ages in 31.4 and 31.5), how often did you take it? 9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)														

32. If Estrogen, Progesterone, or Testosterone Shots Reported:

Complete 31.1-31.12

32.1-32.2		32.3	32.4-32.5	32.6	32.7
What is the name of the (first/next) hormone shot you received? Enter complete name and code. Probe for frequency and unit of measure. [show examples]		Please tell me the reason you received this shot? [show card]	At what age did you (first/next) start receiving this hormone shot? At what age did you stop? If still taking, record current age.	How many total years and months between (ages in 32.4 and 32.5) did you receive these hormone shots?	When you were receiving these hormone shots between (ages in 32.4 and 32.5) did you receive them every month or in cycles?
1 st Shot	Name: _____ Code: _____ per Week...2 #Times Month...3 Year...4	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of and _____ Months #of	Every week.....6 Every month.....7 In Cycles (specify)..9 _____ Other (specify).....8
2 nd Shot	Name: _____ Code: _____ per Week...2 #Times Month...3 Year...4	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of and _____ Months #of	Every week.....6 Every month.....7 In Cycles (specify)..9 _____ Other (specify).....8
3 rd Shot	Name: _____ Code: _____ per Week...2 #Times Month...3 Year...4	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of and _____ Months #of	Every week.....6 Every month.....7 In Cycles (specify)..9 _____ Other (specify).....8
4 th Shot	Name: _____ Code: _____ per Week...2 #Times Month...3 Year...4	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of and _____ Months #of	Every week.....6 Every month.....7 In Cycles (specify)..9 _____ Other (specify).....8
5 th Shot	Name: _____ Code: _____ per Week...2 #Times Month...3 Year...4	(specify reason) _____ _____ code: _____	_____ Age start _____ Age stop	_____ Years #of and _____ Months #of	Every week.....6 Every month.....7 In Cycles (specify)..9 _____ Other (specify).....8

If hormone was estrogen, go to Q32.8. If not, go to next hormone, Q33.

32.8 While you were taking estrogen shots, did you also take progesterone?

Yes ☐ 1 No ☐ 2

Go to next hormone

32.9-32.10

32.11-32.12

What is the name of the progesterone that you took with this estrogen shot? Enter complete name and code. Probe for frequency and unit of measure. [show examples]	During the (first/next) time when you were taking (estrogen) and (progesterone) in the same month, on which days did you usually take the estrogen and on which days did you usually take the progesterone? Circle first and last dates of each. Then connect first to last with a line. Enter the Start Day and End Day for Estrogen (E) and Progesterone (P) and record total number days on Estrogen (E), Progesterone (P), and Estrogen plus Progesterone (E+P).																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name: _____ Code: _____ _____per 1...Day #Pills 2...Week	E E E E E E E P P P P P P P							E E E E E P P P P P					E E E E E P P P P P					E E E E E E E E E E E E E E E E P P P P P P P P P P P P P P P P P													
	Start Day E P							Stop Day E P					Total Days E P E+P					When you were taking this progesterone between (ages in 32.4 and 32.5), how often did you take it? 9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)													
Name: _____ Code: _____ _____per 1...Day #Pills 2...Week	E E E E E E E P P P P P P P							E E E E E P P P P P					E E E E E P P P P P					E E E E E E E E E E E E E E E E P P P P P P P P P P P P P P P P P													
	Start Day E P							Stop Day E P					Total Days E P E+P					When you were taking this progesterone between (ages in 32.4 and 32.5), how often did you take it? 9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)													
Name: _____ Code: _____ _____per 1...Day #Pills 2...Week	E E E E E E E P P P P P P P							E E E E E P P P P P					E E E E E P P P P P					E E E E E E E E E E E E E E E E P P P P P P P P P P P P P P P P P													
	Start Day E P							Stop Day E P					Total Days E P E+P					When you were taking this progesterone between (ages in 32.4 and 32.5), how often did you take it? 9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)													
Name: _____ Code: _____ _____per 1...Day #Pills 2...Week	E E E E E E E P P P P P P P							E E E E E P P P P P					E E E E E P P P P P					E E E E E E E E E E E E E E E E P P P P P P P P P P P P P P P P P													
	Start Day E P							Stop Day E P					Total Days E P E+P					When you were taking this progesterone between (ages in 32.4 and 32.5), how often did you take it? 9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)													
Name: _____ Code: _____ _____per 1...Day #Pills 2...Week	E E E E E E E P P P P P P P							E E E E E P P P P P					E E E E E P P P P P					E E E E E E E E E E E E E E E E P P P P P P P P P P P P P P P P P													
	Start Day E P							Stop Day E P					Total Days E P E+P					When you were taking this progesterone between (ages in 32.4 and 32.5), how often did you take it? 9...Every month 11...Every 3 rd month 10...Every other month 12...Every 4 th month 8...Other (Specify)													

Now I have some questions about the use of other types of female hormones.

33. Did you ever take birth control pills (oral contraceptives) for any reason?

33.0 _____

YES ☐ 1 NO ☐ 2 (Go to Q34) DK/R ☐ 99

└─ 33.1 At what age did you start taking birth control pills?
_____y.o. 98 ☐ NA 99 ☐ DK/R

33.1 _____

33.2 At what age did you stop taking birth control pills?
_____y.o. 98 ☐ NA 99 ☐ DK/R

33.2 _____

33.3 How many total years and months between
(ages in 33.1 and 33.2) did you take birth control pills?
_____yrs & _____months

33.3 _____

(enter in months)

33.4 Did you use birth control pills before your first
full-term pregnancy?

33.4 _____

Yes ☐ 1

No ☐ 2

☐ Never pregnant ☐ 3
└─ (Go to Q34)

33.5 How many total years and months did you use
birth control pills before your first full-term pregnancy?
_____yrs & _____months

33.5 _____

(enter in months)

34. Did you ever take DES (diethylstilbestrol)

Yes ☐ 1

No ☐ 2 (Go to Q35)

DK/R ☐ 99

34 _____

34.1 At what age did you start taking DES?

34.1 _____

1-96 _____yrs.

NA ☐ 98

DK/R ☐ 99

34.2 At what age did you stop taking DES?

34.2 _____

1-96 _____y.o.

NA ☐ 98

DK/ R ☐ 99

34.3 How many total years and months
between (ages in 34.1 and 34.2) did you take DES?

34.3 _____

_____yrs & _____months

(enter in months)

35. Did you ever take shots called depo-provera (DMPA) for birth control or for any other reason?

Yes ☐ 1

No ☐ 2 (Go to Q 36)

DK/R ☐ 99

35 _____

35.1- 35.2 When you were taking depo-provera shots, how often did you get a shot?

_____ every month ☐ 1

#times 3 months ☐

year ☐ 3

(frequency)

35.1 _____
(times)

35.2 _____

35.3 At what age did you start taking depo-provera shots?

1-96 _____ y.o.

NA ☐ 98

DK/R ☐ 99

35.3 _____

35.4 At what age did you stop taking depo-provera shots?

1-96 _____ y.o.

NA ☐ 98

DK/R ☐ 99

35.4 _____

35.5 How many total years and months between (ages in 35.3 and 35.4) did you take depo-provera shots? _____ yrs & _____ months

35.5 _____

36. Have you taken any other female hormone medications that we have not discussed?

Yes ☐ 1

No ☐ 2 (Go to next section)

36 _____

36.1 What was the name of the hormone? _____

36.2 What was the reason you took the hormone? _____

36.3 Was this hormone in the form of a:

A. Pill

B. Vaginal Cream or Suppository

C. Skin Patch

D. Shot

E. Not applicable

☐ A

☐ B

☐ C

☐ D

☐ NA

36.3 _____

**That completes this interview on the use of female hormone medications. Thank you very much
for your cooperation.**

BODY MEASUREMENTS

1. **WEIGHT** _____ **lbs.**

BM1

2. **HEIGHT** _____ **ft** _____ **in=**

BM2

3. **WAIST (measured at narrowest point)** _____ **in**

BM3

4. **HIP (measured at widest point)** _____ **in**

BM4

LIFESTYLE

These final questions are for statistical purposes only.

What was the total number of persons

H032

in your household last year, including yourself?

1-25 _____ enter number of persons

98 ☐ NA

99 ☐ DK/R

If we need to contact you in the future,
it is helpful to know the name of an

HTX5

individual outside your household who
will always know your whereabouts.

Are you willing to provide us the name, address, and phone
number of a close friend or relative
who does not live with you?

1 ☐ Yes

98 ☐ NA

99 ☐ DK/R

THIS SECTION ENTER FULL TEXT

Name: _____

Interviewer: enter first name first

Street : _____

Apt. # _____

City _____

State _____

Zipcode _____

Telephone: (____) - ____ - ____
area code

What is [NAME'S] relationship to you?

H037

- 1 ☐ mother
2 ☐ father
3 ☐ son
4 ☐ daughter
5 ☐ brother
6 ☐ sister
7 ☐ step daughter
98 ☐ NA
99 ☐ DK/R
- 8 ☐ step son
9 ☐ daughter-in-law
10 ☐ son-in-law
11 ☐ friend
0 ☐ other (specify) _____

Do you currently have a valid driver's license or I.D. card?

H038

- 1 ☐ Yes
2 ☐ No
98 ☐ NA
99 ☐ DK/R

Are you enrolled in Medicare?

- 1 ☐ Yes
2 ☐ No
98 ☐ NA
99 ☐ DK/R

HO39

This question asks about your household income last year. Please mark the appropriate box for the income category that best describes your total family income last year.

HO40

- 1 ☐ less than 5,000
2 ☐ between 5,000 and 10,000
3 ☐ between 10,000 and 20,000
4 ☐ between 20,000 and 30,000
5 ☐ between 30,000 and 40,000
6 ☐ between 40,000 and 50,000
7 ☐ between 50,000 and 60,000

8 ☐ more than 60,000
98 ☐ NA
99 ☐ DK/R

To help identify participants in our study,
we are asking for your social security number.
Your providing this information to us is voluntary.

HO41

Your answer or refusal to answer will have no effect
in any way on your social security benefits. What
is your social security number?

Social Security Number _____ - _____ - _____

That completes the interview.

THNX

You have been very helpful and
I appreciate your time and cooperation.

TIME INTERVIEW COMPLETE _____:_____ am/pm

_____ minutes
(length of interview)

Complete this section after you have thanked and left the subject

INTERVIEW QUALITY

Where was the interview conducted?

I002

- 1 ☐ Respondent's Home
3 ☐ Hospital or MD Office
5 ☐ Nursing Home
6 ☐ Somewhere else, specify

Excluding yourself and the respondent, how
many other people were present during the
interview?

I003

0-10 Enter number

If I003 equals 0, go to I012.

Were third parties present in all or part of the
interview?

I004

- 1 ☐ all (go to I005)
3 ☐ part
98 ☐ NA

Which section: demographics

I005

- 1 ☐ Spouse
3 ☐ Other (s)
5 ☐ Spouse and other (s)
7 ☐ No one present
98 ☐ NA

Section: smoking

I006

- 1 ☐ Spouse

- 3 ☐ Other (s)
5 ☐ Spouse and other (s)
7 ☐ No one present
98 ☐ NA
-

Section: occupational history

I007

- _____
1 ☐ Spouse
3 ☐ Other (s)
5 ☐ Spouse and other (s)
7 ☐ No one present
98 ☐ NA
-

Section: diet history

I008

- _____
1 ☐ Spouse
3 ☐ Other (s)
5 ☐ Spouse and other (s)
7 ☐ No one present
98 ☐ NA
-

Section: medical history

I009

- _____
1 ☐ Spouse
3 ☐ Other (s)
5 ☐ Spouse and other (s)
7 ☐ No one present
98 ☐ NA
-

Section: family history

I010

- _____
1 ☐ Spouse
3 ☐ Other (s)
5 ☐ Spouse and other (s)
7 ☐ No one present
98 ☐ NA
-

Section: reproductive history

I010A

- _____
1 ☐ Spouse
3 ☐ Other (s)
5 ☐ Spouse and other (s)
7 ☐ No one present
-

98 ☐ NA

Section: lifestyle

1 ☐ Spouse

I011

3 ☐ Other (s)

5 ☐ Spouse and other (s)

7 ☐ No one present

98 ☐ NA

QUALITY OF INFORMATION IN SECTION: demographics

I012

1 ☐ High quality

3 ☐ Generally reliable

5 ☐ Questionable

7 ☐ Unsatisfactory

98 ☐ NA

QUALITY OF INFORMATION IN SECTION: smoking

I013

1 ☐ High quality

3 ☐ Generally reliable

5 ☐ Questionable

7 ☐ Unsatisfactory

98 ☐ NA

QUALITY OF INFORMATION IN SECTION: occupational history

I014

1 ☐ High quality

3 ☐ Generally reliable

5 ☐ Questionable

7 ☐ Unsatisfactory

98 ☐ NA

QUALITY OF INFORMATION IN SECTION: diet history

I015

- _____
- 1 ☐ High quality
 - 3 ☐ Generally reliable
 - 5 ☐ Questionable
 - 7 ☐ Unsatisfactory
 - 98 ☐ NA
-

QUALITY OF INFORMATION IN SECTION: medical history

I016

- _____
- 1 ☐ High quality
 - 3 ☐ Generally reliable
 - 5 ☐ Questionable
 - 7 ☐ Unsatisfactory
 - 98 ☐ NA
-

QUALITY OF INFORMATION IN SECTION: family history

I017

- _____
- 1 ☐ High quality
 - 3 ☐ Generally reliable
 - 5 ☐ Questionable
 - 7 ☐ Unsatisfactory
 - 98 ☐ NA
-

QUALITY OF INFORMATION IN SECTION: reproductive history

I018

- _____
- 1 ☐ High Quality
 - 3 ☐ Generally reliable
 - 5 ☐ Questionable
 - 7 ☐ Unsatisfactory
 - 98 ☐ NA
-

QUALITY OF INFORMATION IN SECTION: lifestyle

I019

- _____
- 1 ☐ High Quality
 - 3 ☐ Generally reliable
 - 5 ☐ Questionable
 - 7 ☐ Unsatisfactory
 - 98 ☐ NA
-

The overall quality of this interview is:

- *1 ☐ High Quality
*3 ☐ Generally reliable
5 ☐ Questionable[go to I024]
7 ☐ Unsatisfactory [go to I024]

I021

*Interviewer: * go to I023.*

**The main reason for the unsatisfactory or
questionable quality of information is because:**

I022

- 1 ☐ Did not know enough information
regarding the topic
2 ☐ Did not want to be more specific
3 ☐ Did not understand or speak english well
4 ☐ Was bored or uninterested
5 ☐ Was upset or depressed
7 ☐ Had poor hearing or speech
8 ☐ Was confused by frequent interruptions
9 ☐ Was emotionally unstable (drunk etc)
10 ☐ Was physically ill
6 ☐ Other [specify]
98 ☐ NA

Was the respondent's overall cooperation:

I023

- 1 ☐ Very good
3 ☐ Good
5 ☐ Fair
7 ☐ Poor

END QUALITY SECTION